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# THE HOSPITAL BULLETIN

OF THE UNIVERSITY OF MARYLAND

Vol. XII

BALTIMORE, MD., MARCH 15, 1916

No. 1

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ANNUAL SESSION

OF THE  
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UNIVERSITY OF MARYLAND AND COLLEGE OF  
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OF THE UNIVERSITY OF MARYLAND

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Vol. XII

BALTIMORE, MD., MARCH 15, 1916

No. 1

## MEMORANDA FROM MALARIAL SURVEYS AND DEMONSTRATION WORK.\*

By HENRY R. CARTER, M.D., Class of 1879.  
*Asst. Surgeon-General at Large, U. S. P. H. S.,  
Baltimore, Md.*

These two memoranda of observations made during malarial work last summer may be of interest to those engaged in anti-malarial work in the South.

### I. SAWDUST AS A MATERIAL FOR FILLING.

At Electric Mills, Miss., a sawmill village in the "flat-woods," the condition was this: The surface was flat, the ground was impervious to water, and there were many shallow depressions and much hauling. When one road became full of holes and ruts it was abandoned and another one made close by. The result was that in addition to the natural depressions holding water there were many holes and deep ruts holding water until it evaporated and breeding anopheles in the abandoned roads. There was nowhere to drain these to and filling with earth was not satisfactory: (1) It was expensive; (2) unless one took much pains and had considerable judgment he left a hole wherever he got his filling, and (3) if the filled road was used again the newly-placed earth would give way and the road soon become as bad as ever and hence again abandoned and breeding. We advised filling with sawdust and bark trash.

The material was abundant and in the way. A load was much larger in cubic contents than a load of earth, and hence went further and was on both counts much cheaper than dirt for holes close to the sawmill. It left no hole when taken from the pile and made a fairly permanent fill, as driving over it did not displace it or make holes or ruts in it—its elasticity preventing.

Also, as we found that the stream of water receiving the drainage from the large sawdust pile did not breed mosquitoes for a long ways down, we believed that, at first at any rate, the water that might stand on or around the sawdust fill would not be suited for breeding anopheles. Economic and mechanical features were, however, the principal factors. The results were good, and will, I believe, be practically permanent.

The writer has quite frequently seen places where the use of sawdust and mill waste for this purpose was the only feasible method of remedying conditions of mosquito breeding. For instance, at Newbern, N. C., there were, in 1913, two extensive depressions, Duffy's field and Richardson's pond, breeding anopheles profusely, which it was stated could not be drained, being too close to tide level. There was practically no earth available for filling, the city being low and flat, and to bring it in by rail would be very expensive. There were, however, a number of very large sawmills in Newbern close to the places mentioned, and thousands of cubic yards of mill waste and sawdust were burned to get rid of it each year, enough, I think, in one year to fill both places. Several other towns and villages could

\*Reprinted from the Southern Medical Journal, September, 1915.



also be named where mill waste can be thus used to good advantage.

Independently of its convenience, the writer counts it, except clean sand and gravel, cinders, etc., the best of all fillings for this purpose. It should, of course, be heaped up a little above the level—the depression overfilled—to allow for settling.

## II. INDUSTRIAL COMMUNITIES.

The writer has had much better success in getting anti-malarial work done in industrial communities in which the bulk of the population is engaged in a few large industries than in the ordinary commercial town with diversified occupations and interests. One reason for this is that the managers of large interests, who must finance such work, are business men who have sufficient prevision to see the ultimate economic advantage of sanitation and are accustomed to spend money for a sufficient return in the future, while the ordinary town council of small towns is not accustomed to spending money which does not give an immediate materially tangible return—and for that grudgingly. The one is willing to spend a dollar to secure more than a dollar's worth, the other hates to spend a dollar independently of what the return is. I must say, however, that many of the managers of industrial plants, and especially those I am purposing to instance, have been actuated by a sincere desire to benefit the community. With some the comfort, health and good appearance of the "mill village" was a matter of much pride. Still, they themselves lay stress on the *economic* advantage of anti-malarial work.

This, indeed, was the factor which dominated the sanitation of the Canal. The motive of the Sanitary Department was not primarily humanitarian. *It was to prevent loss of efficiency from sickness of the force working to build the Canal.* The Canal Zone was a typical industrial community with only one manager—the United States Government.

Electric Mills is a village of about 900 or 1000 people, most of whom are connected directly or indirectly with a large lumber plant. The natural obstacles to sanitation, I speak only of malaria, are very great. The land is flat; it is low lying and it is impervious to water; so that water will neither run off nor soak in, and in May, 1914, it stood in many pools, big and little, breeding anopheles. The malarial index of practically the whole population taken last spring, before the

flight of anopheles had begun, was approximately 12 per cent. This represents the proportion of carriers *who came through the winter* as such, and was indeed rather less than that proportion, as some people had recently taken full doses of quinine—30 grains per day—and naturally gave negative blood smears. It was unquestionably malarious.

The work to be done was planned, mainly by Le Prince, Sanitary Engineer, United States Public Health Service, put in writing and explained to the manager of the plant and to Dr. Champenois, who had direct charge of the sanitation. It was gone into in much detail, and to carry it out involved much careful work and considerable expense. The manager undertook to do it, saying: "If it will do what you say, it will pay me in increased efficiency of my hands, and if it don't I'll do it anyway."

Le Prince visited the place in September and found the work well carried out. Champenois sends a chart showing a greatly improved condition. The number of cases of malarial fever fell steadily from June, when the work was begun, reaching its lowest in September, instead of rising as in previous years. This in spite of a higher rainfall this year than normal in every month after June and nearly as much in May and June. The number of cases per unit for August and September, 1913, were 25 and 18, as compared with 8 and 6 for 1914. It was 68 in September, 1912. The highest number for 1914 was 14 in April, due to the relapses from last season, so common on the advent of the first warm weather.

Prior to this a great improvement had been produced over previous conditions by the work of Dr. Champenois—an enthusiastic and efficient sanitarian—begun in September, 1912, and it is the more creditable to the work of 1914—also carried on under his direction—that it made so great a reduction from the already reduced morbidity of 1913.

The results for 1915, with the elimination of a number of relapsing cases, should be still better. The blood index has been taken for April, 1915—before the flight of anopheles—but not yet reported.

At Roanoke Rapids the result is even better. In the fall of 1913 the writer and Dr. von Ezdorf visited this place, in September and October, respectively, and found it breeding anopheles in great numbers. The reports of the physicians,

the appearance of the people and finally an index taken by von Ezdorf, showed much malaria. The condition to be remedied was nothing like as difficult as at Electric Mills, as there was plenty of slope. Here, too, the managers of the industrial plants took up the work. The mayor of the town was fortunately both a business man and an engineer, and the mill physician and health officer, Dr. Long, was enthusiastic and energetic. All these men here, however, seemed to be actuated rather by altruistic than by economical motives. The work was planned last fall (1913), \$3500 was raised by the three mills, and the Power Company and the work was started. This was increased later from other sources to \$3804. Le Prince inspected and advised about it in June and again in September. He states that the place was practically free from anopheles and anopheles larvae. A blood-index taken in October by von Ezdorf and Derivaux gives 4.48 per cent. only, as against 14 per cent. in 1913.

The health officer, Dr. Long, who in no small degree is responsible for this work, writes: "As compared with last year, the diminution of the number of people who had malarial attacks was only  $16\frac{2}{3}$  per cent.," but of these he judged 95 per cent. to be recurrences of old infections. There was a great diminution in the severity and in the number of attacks, so that the inefficiency ratio in September, when it is highest, was judged to be from 4 to 5 per cent. as compared with 40 to 50 per cent. last year. The improvement in general health and well-being is very great. As an investment, even, the money expended has paid. Next year, as much of the work done is permanent, the expenditure will be for maintenance only, and much less, and the diminution in the number of people having malaria will continue and increase in ratio. The health officer thinks that this place is practically free from malaria from this time on, and I judge this is true. Some excellent work was done here, especially in the utilization of industrial waste as a larvicide.

These two instances are given simply to illustrate the advantage of working in an industrial community. At Electric Mills the work was difficult and expensive, and I would not have advised it being attempted had the village been the ordinary one of various interests and avocations. I would have advised the people to move away. At Roanoke Rapids the work was plain enough, but

very extensive, *i. e.*, covered much ground in proportion to the population, and, I am sure, would never have been carried to success had it not been an industrial town. A residential town in South Carolina was surveyed last summer, and the work needed for its malarial sanitation carefully planned and explained. The problem was on the same lines as that at Roanoke Rapids, but a far easier one. Yet the State health officer tells me that nothing has been done there, or will be done, except by one institution in it.

This note is given so that sanitarians may know what communities are most apt to avail themselves of their help—to profit by their advisory work.

---

#### SANITARY PREPAREDNESS.\*†

---

By SURGEON-GENERAL RUPERT BLUE,  
*U. S. Public Health Service, Washington,*  
*D. C.*

---

Every century has its keyword which crystallizes its dominant idea, and as the thoughtful student reads the history of human progress he is able to discover each. Thus we find that while the keyword of the eighteenth century was freedom, and that of the nineteenth century invention, so the elemental thought of our time is efficiency. We see it everywhere; in business, in education, in government, and last of all in human life itself. Yet it is only very recently that we have awakened to the realization that upon the physical efficiency of man depends to a great measure all other forms of efficiency in human endeavor. We have passed through much travail and bitter sorrow to accomplish this, and out of the sadness of the European war we have learned of that other form of efficiency, "preparedness"; preparedness for the maintenance of peace and for self-protection when conflict becomes inevitable. The public prints are filled with demands and arguments for a larger armament and for a larger body of trained fighting men, both ashore and afloat, but as yet little emphasis has been laid on the necessity for a healthy citizenship from which to draw the men who are to form our military force. It is of far greater importance, however, to maintain a nation of strong, physically-

\*Public Address, Southern Medical Association, Ninth Annual Meeting, Dallas, Texas, November 8-11, 1915.

†Reprinted from the *Southern Medical Journal*, January, 1916.



fit citizens for the pursuits of peace. War, as a rule, comes but once in a generation, and necessary though it may be to make provision against it, it is far more essential that we as a people be physically prepared for the normal condition of peace. An able-bodied, vigorous society, clothed in the armor of hygienic knowledge and fortified by adequate sanitary defenses, is equally able to withstand the shock of arms and the continued strains of the occupations of peace. This is sanitary preparedness.

It should be borne in mind, however, that the sanitary preparedness of a nation means not only the health of the fighting units, but of the mothers who are to bear them, and of the civilians upon whom, both in time of peace and of war, the military forces must depend for food and clothing and the weapons with which to fight. Community health is, therefore, the all-important prerequisite, and in order that we may have military preparedness we must first of all have sanitary preparedness.

It has been said that 20 ships of the line in commission would have prevented the disastrous war of 1812. Similarly, many of the military expeditions of our country would have been unnecessary, or would have had a totally different outcome, had our people been maintained in physical condition to resist disease, and, what is more important, if they had had the sanitary education which would have enabled them to avoid contracting disease. It may truly be said that the fate of kings and nations has frequently depended upon so minute a thing as the typhoid bacillus, or the plasmodium of malaria. We are able by the use of typhoid vaccination to control the one, and by anti-mosquito measures to prevent the other, but just so long as typhoid fever exists among the civilian population, chronic typhoid bacillus carriers will continue to be created, and while the anopheles is permitted to breed and multiply our armies will be in danger from malaria. Until the people of our country have learned the lessons of sanitation it will not be possible to eliminate either disease, or to maintain a citizenship, the great bulk of which is physically fit.

Calamities are not always unmixed evils. Some are blessings in disguise, in that they serve to fix public attention on a civic weakness. The outbreak of plague at San Francisco in 1907 attracted the attention of the public to the urgent need of sanitary reform, and in that way reacted to the

benefit of the people. Unfortunately, it seems as though the human race can make sanitary advance only through the bitterness of previous experience, and it is very difficult in the absence of the threat of epidemic to arouse much interest in sanitary betterment.

Unconsciously we have been striving toward that end. The decade in which we live has witnessed the growth and expansion of all of the health forces of our country. The body of the sanitary laws has been revised, amended and extended. Appropriations for the prosecution of sanitary measures have been increased. The sanitary propaganda has been carried to every portion of the United States, and we see men of high attainments adopting the profession of sanitation as a life work. The collection of morbidity and mortality statistics has but impressed upon us the necessity for increased work along these lines. The investigations into the causes of communicable diseases and the evolution of the means of their control have been such that many of the major pestilences have almost been relegated to oblivion.

A careful study of the morbidity and mortality reports shows, however, that deaths and disabilities from the commoner diseases, either directly or indirectly, still continue at a high rate. Heart diseases head the list of the principal causes of death. A study of the records of the recruiting officers shows that heart diseases also lead the list of causes of rejection. Of the recruits examined in the fiscal year ended June 30, 1914, over 13 per cent. were rejected by medical officers, nearly 85 per cent. of the rejections being for physical and mental causes. Over 12½ per cent. were on account of heart disease, and at least 50 per cent. of the rejections were from wholly preventable causes. These were voluntary enlistments in time of peace, and it is not at all improbable that rejections would occur at a much higher rate if the nation were at war.

As an index of the physical condition of a part of our civilian population, the results of the physical examinations made during the fiscal year ended June 30, 1914, by officers of the United States Public Health Service may be taken. Nearly 6 per cent. of the total number examined were rejected, and in the case of the examinations for enlistment in the Coast Guard Service, 15.6 per cent. failed of passage. A large proportion of the causes of rejection may be traced to the so-

called inevitable diseases. When we realize that practically all of the diseases of childhood are preventable and entirely unnecessary, and when we put this knowledge into practice, we will see an enormous decrease in heart disease, rheumatism and nephritis. It will be found, also, that deafness will be less frequent, and that defective vision will be diminished.

A great trial of arms takes the most physically fit out of the community. It leaves behind the weaker elements, part of whom must be supported by the strongest left behind, who, in addition, must support the men who are at the front. Man is an animal of slow growth and relatively long life. It will, therefore, take time to eliminate the weaklings in order that they may not be a factor in the reduction of the efficiency of our nation.

Sanitary preparedness may be defined as the maintenance of the body of man on a war footing against disease. The chief purpose of sanitary preparedness is to insure national health, and the agents directly concerned in promoting this condition are the Federal, State and local sanitary authorities. These are the official organizations created and supported by the statutes of the States and nation, but there are many voluntary associations that are doing valuable work in public health. Conspicuous among these unofficial bodies may be mentioned the American Medical Association, the Southern Medical Association and the American Public Health Association. There are many others too numerous to mention. One of the most striking things in this picture is the way in which these various organizations have co-ordinated their efforts so as to secure the greatest amount of concentration upon the individual problems.

A careful review of the activities of the State and municipal boards of health discloses the interesting fact that they are co-operating to a degree never known before. The work has been so arranged as to avoid overlapping, and municipalities are acquiring a pride in handling their own sanitary matters, while the State assists with experts for the solving of special problems. Of course, the function of the State boards of health is to maintain a proper working relationship between the various counties, and to this end educational propaganda have been launched, and where there are problems which concern more than one county, the State has rendered every assistance in its solution. In a similar way the

function of the Public Health Service is to maintain a sanitary equilibrium between the States. Since the National Government controls commerce between the various States, it is its duty to prevent the States from taking harm through this commerce. Therefore, the most important duty which the Public Health Service has to perform is the prevention of the interstate spread of disease. Not only must the Public Health Service prevent the internal spread of disease in our nation, but it must also prevent its importation from abroad. Thus we have in our own country a national system of sanitary preparedness. It is, of course, impossible to advance and improve the methods of discharging these functions without additional knowledge, and to this end the National Government carries on extensive research operations in the various branches of sanitary science. This function should be extended and expanded. State and municipal boards of health should not be obliged to undertake research problems for which they have not the time, the apparatus nor the appropriations. This, in my opinion, is a function which should be discharged by the General Government, leaving to the State and local health authorities the administrative functions. Thus we will have strong official bodies for the protection of our citizens en masse. It must be realized, though, that there can be no neutrality in a war against disease. Every individual has his part to play, and unless he maintains his individual physical health, the collective health will suffer. The maintenance of sanitary preparedness is, therefore, no less the duty of the individual than it is of the community. The question that comes then is how this end is to be accomplished. We have made great advances in this direction, but I believe that in the future we must lay greater stress upon the individual, bearing in mind that over 50 per cent. of our population lives in the country and follows agricultural pursuits. This means that fully half of our people do not have those benefits of community existence which are extended to the urban dweller. If the rural dweller is to secure a good water supply, if he is to properly dispose of his wastes, he must do it himself, since he does not have the protection afforded by the employes of the community. Since the country dweller lives a more or less isolated existence, it is possible for him to acquire insaniary habits which may not always be followed by immediately disastrous effects. The city dweller



has learned more about taking care of himself, and despite the fact that he, as a rule, is less vigorous, he better withstands the vicissitudes of military service, because he has learned how to care for himself in the crowd. The soldier lives in close contact with other men, against whose diseases he must protect himself. The city dweller is able to safeguard himself, because he has learned the value of sanitary environment.

The first step in the creation of sanitary preparedness is to teach the citizen the value of a sound body. It is all very well to inculcate the lessons of the avoidance of the various specific diseases, but until we have made the citizenship really believe that the body of a man is a personal and a national asset we have not laid the basic foundation for sanitary education and the development of the individual and the community sanitary conscience. It is not altogether easy to teach so convincingly that the layman will appreciate these things. It must come in many ways. If upon the plastic mind of the school child the simple truths of sanitation are impressed, we will gradually create a people in which sanitary living is a habit. If by child hygiene we produce better and stronger men and women, these in turn will bring into the world stronger children, because they will have learned that mating with the weak and defective produces weak and defective children. Thus we will have a practical eugenic betterment.

While I believe that we should now endeavor to do more in the way of individual improvement, we should not, as a profession, neglect our public health duties in their broader sense. The Public Health Service has been endeavoring to assist the State boards of health in raising rural sanitary standards, and to this end has selected certain counties which have been put in good sanitary condition as models for the rest of the State.

I do not think it necessary in this connection that I should discuss with you the trite questions of the medical inspection of school children, the whole-time health officer, diet, exercise, and the other thousand and one things on which we are practically of one mind. The impression which I desire to leave in your minds is that if America would avoid decay and retrogression, if she would be ready for the supreme trial of strength when the hour of calamity comes, she must maintain her sanitary defenses at all times. The sane and healthy nation, the republic of healthy minds in

healthy bodies, adding by its labors, uninterrupted by disease, to the material and spiritual welfare of the world, is prepared alike for the pleasant times of peace and the stern realities of war.

As a parting word I will request you to support your State Board of Health in securing adequate sanitary laws and adequate funds for this great work.

## VIEWS ON THE TONSIL QUESTION.\*

By J. T. HENNESSY, '16.

Our ignorance regarding the function or functions of the tonsil is constantly becoming more evident, because of the increase of our knowledge regarding the functions of many of the other organs of the body, and because in the last 20 years some of our organs previously unknown have been revealed.

It is natural that in the absence of any certain knowledge of the function of the tonsil a great deal of speculation regarding it should have been indulged in. It is also probable that our ignorance of the function of the tonsil has made us more prone to hold the tonsil responsible for a great number of pathological conditions in the body, particularly during this period of very active study of the phenomena of infection and immunity, and of the internal secretions. The tonsil has been blamed or held responsible for many conditions when no other diagnosis could be made.

The laryngologist is menaced by the same ogre regarding the tonsil and some possible useful function as the surgeon is of the appendix.

For many years the belief was held that the tonsil acted as a barrier to infection, and in this way served a very useful function. The trend of opinion in the past decade, however, is just the opposite, and there is scarcely a disease to which flesh is heir that the tonsils have not been held responsible for. No one questions the removal of obviously diseased tonsils or tonsils which are subject to recurring attacks of inflammation. It must be obvious, however, that the present generation is unusually subject to tonsillar disease, or that many tonsils are being removed because of the belief that they are or may be a source of trouble.

There are some men who advocate that all

\*Read before the Randolph Winslow Surgical Society, February, 1916.

tonsils should be removed for the sake of prevention, just as we all agree on vaccination. The first statement is, in the estimation of most men, too radical.

In a given case are the tonsils diseased or not? If diseased, they must be treated; if not diseased, they should not be maltreated.

It is unquestionably true that the irregular nodular surface of the tonsil, with its numerous crypts, forms a suitable nidus for development of bacteria, and in the infectious processes involving the upper respiratory tract tonsillar involvement becomes a serious complication. The open lymphatic network gives free access to the absorption not only of pathogenic bacteria, but also of the toxins produced by them.

Even in epidemic influenza, the disease which is now invading our country, tonsillar and peritonsillar involvement is quite common, the inflammatory process usually ending as a suppurative process with tonsil or peritonsillar abscess. In some cases the peculiarity of the tonsil or peritonsillar abscess is that for several days during the attack and afterwards there is that peculiar raspy throat, sensitive yet not markedly swollen, with localized spots of apparent infection. Even after the general symptoms have abated, suddenly there will flare a suppurative inflammatory process. The glandular involvement following a case of gripe seems to be much more marked than in the ordinary suppurating type of tonsil.

The tonsil's lack of resentment to injury is a peculiarity not shared by any of the actively functioning structures of the body. One can destroy by means of the actual cautery a large area in an hypertrophied non-adherent tonsil without producing either local or general reactions of moment. On the other hand, infectious processes in the tonsil produce general reactions as exemplified by high temperatures and prostration, quite out of proportion to the extent of tissue involved.

It is only a comparatively few years back when the textbooks spoke of no other disease than of hypertrophy of the tonsil. At the present time we recognize that hypertrophy is but one and by no means the most important of the indications for the removal of the structures. An hypertrophied tonsil itself is not sufficient grounds for its removal, but, on the other hand, we often see weak and puny children with hypertrophied tonsils who, after their proper removal, become

healthy and strong, and sometimes even more mentally alert.

As the result of microscopic examination of the tonsils, primary tuberculosis is said to occur in about 5 per cent. of the cases in which the tonsil is hypertrophied. In the majority of cases this is an incidental finding.

In young children, however, pathological conditions of the tonsils are generally manifested by accompanying overgrowth and consequent obstruction to respiration with resultant symptoms. Thus we observe the characteristic facies of the mouth breather, the snorting respirations, especially at night, with accompanying nightmare or night horror. The child, from deficient oxygenation, becomes pale and languid. Frequent sore throats are also a usual accompaniment. Children with large tonsils are also generally supposed to be more subject to the contagion of diphtheria and scarlet fever. This cannot be positively proven, but such seems to be the result of observation. It is certain that children who have large tonsils suffer more from the throat conditions which prevail in these conditions, and are very much more apt to develop ear complications or suffocative symptoms.

A second very serious indication for the removal of tonsils in children is the occurrence of infections of the cervical lymph glands.

The tonsil has long been recognized as a portal of entry in tuberculous cervical adenitis, but it probably isn't generally appreciated how frequently the tonsil is the source. Consequently, many cases have been subjected to from one to three operations upon their cervical glands, which were probably reinfected from the tonsils. Doubtless many others would have had a recurrence except for the fact that the very extensive operations upon the cervical chain of lymphatics destroyed all channels of infection.

In many cases a question frequently asked by parents when their children have enlarged cervical glands is whether the glands will subside if the tonsils are removed. In many instances they do disappear following tonsillectomy, but unfortunately in far too many instances the damage has already been done, and the removal of the source of infection has no result on the glands which have been involved. Even when the swelling goes down following the operation, small nodules are left which subsequently enlarge and frequently go on to suppuration. However, tonsillectomy is imperative in these cases.

even if the external removal of the glands is subsequently necessary.

It is in this class of cases as in those to which I will refer to next that the tonsils are not necessarily hypertrophied. They are, on the other hand, sometimes hidden behind the pillars, frequently very small, but ragged, cryptic, and on examination full of caseous material.

It is probably in this type of tonsil more than in any other there is a difference of opinion as to the real purpose or function of the tonsil. One group claims that they are in reality lymphatic glands with definite or special duties to perform. The other group claims that their chief duty is to act as a collecting agency for germs and poisons, brought to them through the lymph and blood streams, or they may enter the tonsils direct from the mouth surface.

Micro-organisms and their toxins coming in by way of the lymph and blood streams migrate chiefly from the air chambers of the nose and from that respiratory cesspool, the nasopharynx. In every case of tonsil hypertrophy or infection the nose, accessory sinuses and nasopharynx should be carefully studied.

If the tonsils could imprison, kill or render inert all the micro-organisms migrating to them, all would be well, and we could endure the transitory discomfort from the symptomatic sore throat attendant upon the conflict, but, unfortunately, the fighting strength of the tonsil is weak and the battle overflows into surrounding territory, giving rise to swollen glands in the neck and to remote disturbances, such as increased fever, headache or acute rheumatism and its attendant dangers.

As to the rheumatic group of infections, there can be no doubt that the tonsils play the most important role in their occurrence. In them we comprise not only the muscular and arthritic rheumatism, but organic lesions of the heart from acute infection and chorea. As was cited in the clinic, nephritis, but more particularly pyelitis, in children is similarly frequently of tonsillar origin. First we have the tonsillitis, then joint involvement, then endocarditis, and as a result of one of the small vegetations being washed off and carried by the general circulation until it finally lodges in an end artery anywhere and in any organ. This is seen particularly in the kidney.

Although in adults the importance of the role of the tonsils in cardiac and nephritic disorders

is now quite fully recognized, the association in children until recent years has been somewhat neglected.

Hence we could include as the third class of cases in which removal of the tonsil is necessary the so-called autotoxemias in which the tonsils serve as the nidus for the infection or the portal of entry for the infection. Foremost in this group, then, would be tubercular and rheumatic infections.

Many, if not most, of the cases of tuberculosis of the lungs in children, according to F. B. Packard of Philadelphia, can be traced to the presence of diseased tonsils, the tubercle bacillus having been frequently demonstrated in the tonsillar crypts.

Woods says he believes 90 per cent. of cases of tubercular cervical adenitis show involvement of the tonsil. In young children without demonstrable lesions elsewhere at the time of their original operation who later have metastasis in bones, joints, meninges, lungs, larynx, and especially the intestines and mesenteric lymph glands, the infection should be directly charged to failure to remove the tonsils.

Gibbons says that the disease is usually primary in the glands, the lungs being generally free until late in the course of the disease, and further says, in corroborating Woods, that when not treated by removal of the glands, lungs, intestinal and cerebral involvement is common.

Recurrence or recrudescence in the cervical lymph glands of infection may be due to either one of two causes—the incomplete removal or failure to remove the tonsils.

The latter has shown that the tubercle bacillus can pass through the tonsil under certain conditions without producing a lesion and find lodgment in the cervical lymph glands. An apparently healthy tonsil, then, does not prevent the passage of virulent tubercle bacilli.

Autopsies have shown some very striking facts. In citing one of several cases it revealed general miliary tuberculosis of the spleen, liver, mesenteric lymph glands, etc., undoubtedly resulting from an old tuberculous right tonsil.

It is now generally considered that all enlarged cervical glands are tuberculous when the tonsil on the same side is found tuberculous on removal.

Tonsils that appear normal may have microscopic tubercles.

The tonsil should be suspected as the atrium in



all cases of cervical adenitis, except in those cases that have demonstrable lesions about the head and neck. Infection through the tonsil or infection by an extension from infected tonsil. Early removal of a tuberculous tonsil frequently induces absorption of glandular involvement and prevents or reduces the frequency of further systemic infection.

In conclusion, a few words should be said about the localized indications for the removal of the tonsils, such as obstruction to breathing, sore throats and suppurative and non-suppurative diseases of the ear. The relationship is in these cases so obvious that the recognition of the indication is an easy matter. We must not forget the fact that, beginning in the tonsil, infection can produce the mentioned ear conditions, and by extension a mastoiditis, and sooner or later, probably because of the nature of the infection, a fatal meningitis and death.

A meeting of the Baltimore County Medical Association was held at Mercy Hospital Wednesday, February 16. Mercy Hospital is one of the hospitals connected with the University of Maryland and the College of Physicians and Surgeons, and is conducted by the Sisters of Mercy, hence its name. It is located near the center of Baltimore, and has about 360 beds, which are distributed in public wards, private wards and private rooms. It is an open hospital, permitting reputable physicians and surgeons to treat their patients in the private rooms and private wards. During the past year there were treated in all departments 17,396 patients, 5,064 of whom were house patients. The charity work of the hospital during that period was 70, 900 hospital days.

The program was most interesting, and was as follows:

Genito-urinary Cases—Dr. A. G. Rytina.

Medical Cases—Dr. W. F. Lockwood.

Allen Treatment of Diabetes—Dr. Julius Friedenwald.

Neurological Cases—Dr. A. C. Gillis.

Case of Patent Urachus—Dr. Emil Novak.

Nose and Throat Cases—Dr. W. C. Stiffler.

Cysts of Neck—Dr. W. D. Wise.

Surgical Cases—Dr. Alexius McGlannan.

Eye and Ear Cases—Dr. Harry Friedenwald.

Surgical Cases—Dr. A. C. Harrison.

Percey Caution—Dr. W. S. Gardner.

Surgical Cases—Dr. J. W. Chambers.

Prof. R. Winslow was also present, and make some remarks on the diagnosis of dislocation of the shoulder.

A buffet luncheon was served at the hospital to the members of the Baltimore County Medical Association at 2 o'clock P. M.

The Third Annual Banquet of the Delta Mu (Psi) Chapter of the Omega Upsilon Phi Fraternity of the University of Maryland and the College of Physicians and Surgeons was held at the Emerson Hotel Wednesday evening, March 1. Dr. G. Milton Linthicum acted as toastmaster. The speakers were as follows: Dr. John C. Hemmeter, Hon. J. Charles Linthicum, Dr. Arthur M. Shipley, Dr. J. M. H. Rowland, Dr. John D. Blake, Dr. L. E. Neale, Dr. C. A. Clapp, Dr. W. B. Perry, Dr. Randolph Winslow, Dr. T. B. Martin, Dr. C. W. Mitchell, Dr. C. Carroll Lockard, Henry L. Bolen.

The officers are: Roy S. Melroy, senior master; J. Thoner, first junior master; F. J. Bamfield, second junior master; W. V. Kirk, scribe; M. H. Porterfield, chancellor of exchequer; H. Chesboro, conductor; C. Burrows, priest; E. M. Carlin, guard; W. J. Dillon, master of ceremonies; D. E. Fay, chapter editor.

The committee in charge of the banquet was composed of the following: Roy S. Melroy, T. E. Brown, M. H. Porterfield, Lee H. Knapp, D. E. Fay, W. J. Dillon, W. F. O'Malley.

Dr. Roy R. Kerkow, class of 1915, is located at Rainier Boulevard and Fifty-seventh avenue South, Seattle, Wash. He is associated with Dr. Joseph L. Hutchinson. Dr. Kerkow has just located there, and would be pleased to hear from any of his classmates and friends. THE BULLETIN wishes him much success.

We are in receipt of a letter from Dr. Lawrence G. Clayton, class of 1878, of Central, S. C., in which he says he has been doing missionary work in connection with his practice. He says: "I am pleased to note the advancement made in the school. I also think that the two colleges merging into one will be best for both. You have an able faculty. When I read THE BULLETIN I am reminded of Chisolm, Miles, Howard, Chew, Miltenberger and others. These men were at the University when I was there. Good men. Peace to their ashes!"

# THE HOSPITAL BULLETIN

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Editor . . . . . NATHAN WINSLOW, M.D.

BALTIMORE, MARCH 15, 1916.

## DEATH OF DR. G. LANE TANEYHILL.

It is with great regret that we announce the death of Dr. G. Lane Taneyhill, which occurred on the 2d of this month. Dr. Taneyhill graduated at this University in 1865, and was a highly esteemed and loyal alumnus. He took great interest in all that concerned the Medical School, and was an active participant in the preparations for the great centennial celebration that was held in May, 1907. He was a prominent figure at the meetings of the Medical Alumni Association, and was usually chairman of the committee of arrangements. How well we remember his cheery summons to the various annual banquets, which he designated as "very recherché"! He was a man of infinite detail, and he delighted to do those things that others could not, or would not, do so well. He was a typical family doctor, one who devoted his time and abilities unsparingly to the welfare of his patients. In the local medical societies, and especially in the Medical and Chirurgical Faculty, he was a prominent figure, and was seldom absent from the regular meetings. For 12 years—from 1882-94—he was secretary of the Medical and Chirurgical Faculty, and was a most efficient officer. He was an authority on parliamentary procedure, and his decision was usually accepted as correct. During the Civil War he was an acting assistant surgeon, though he had not graduated at that time, and he took great satisfaction in his experience gained during that period. Withal, he was a kindly man, who loved his fellows and walked humbly with his God.

## THE SAINT CLAIR SPRUILL FUND.

The late Dr. St. Clair Spruill was appointed a resident physician in the University Hospital in 1891. He filled satisfactorily the various grades in the hospital service from the lowest to the highest, and was for five or six years medical superintendent. Subsequently he was elected professor of clinical surgery and one of the visiting surgeons to the hospital. His rise in his profession was rapid, and he soon became a prominent and successful surgeon in this city. He was absolutely a product of the University of Maryland, and he recognized his indebtedness to the institution that had given him his training and his opportunities. Suddenly stricken with a mortal illness in June of last year, he left a legacy of \$2500 for the use of the hospital. This sum, less the collateral inheritance tax, has been paid, and is now in the custody of the Trustees of the Endowment Fund. It will be allowed to accumulate until it reaches a sufficient amount to endow a bed or serve some other permanent purpose.

## THE NORTH CAROLINA SURGICAL CLUB.

The North Carolina Surgical Club visited the University Hospital on March 2 and was present at special clinics held by Professors Winslow, Shipley and Hundley, at which a number of important operations were performed, such as cholecystectomy, choledochotomy, hysterectomy and amputation of breast. Drs. Robert P. Bay and Fred Rankin also held clinics at the same time, but there was such an embarrassment of riches in clinical material that it was impossible for the visitors to see all that was offered them. Mr. Harry Warfield, manager of the hospital, served a delightful luncheon after the clinics. The visitors expressed themselves as being greatly pleased with their cordial reception and entertainment. They left in the evening for Pittsburgh, and will also visit Cleveland, Chicago and Cincinnati.

## A PLEA FOR A CONJOINT BANQUET.

For a number of years it has been the desire of a number of the most loyal supporters of the University of Maryland to have a joint graduation banquet rather than the picayunnish departmental affairs. They advance the argument in favor of the proposition that the University of

Maryland has long since passed the day of the isolated department, and that now we are a university in name as well as fact. Therefore, everything tending to propagate the idea of unity should be cultivated assiduously. A banquet of the proposed character tends to the consummation of this idea. With this end in view Dr. Albert H. Carroll, president of the Medical Alumni Association, has worked long and faithfully, and has obtained the consent of the deans of all of the departments with the exception of the Law to participate in the affair. As there is this divergence of opinion concerning the feasibility of a banquet of the proposed character, it is proposed to drop the plan for the present. This would be a calamity. As much as we desire the presence of the Law Department, their lack of participation should not cause foregoance of the idea. Every innovation must have a beginning. A successful issue comes only after many difficulties have been overcome. Therefore, boys, take heart. Let's make a beginning by having a combined medical, dental, pharmaceutical and academic banquet, and let's inform those lawyers who desire to come that they will be welcome. Certainly one large affair will do much more toward enlightening the public as to the magnitude of the University of Maryland than a number of insignificant spreads.

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#### DR. FRANK MARTIN—CONGRATULATIONS.

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The recent marriage of Dr. Frank Martin to Miss Bigelow of Boston has been the occasion of endless interest and congratulation on the part of his many friends and acquaintances, including the whole teaching and student body of the University of Maryland. Through all the years since his graduation he has been an integral and important factor in the University and the University Hospital.

His history has been one of singular devotion to his work in surgery, and that work has been of an excellence that has given him distinguished success and a prominence in his community and out of it of the first rank. Grounded in his art in his younger years by a fortunate and close association with our master surgeon, Dr. Tiffany, he has continually developed and expanded, keeping abreast with modern advance and offering by the way from time to time to the progress valuable contributions of his own.

He is a skilful, painstaking operator, abundantly bold, yet admirably conservative. As a teacher, he is original and forceful, direct and convincing. His medical inheritance is of a century's growth. His father's father was a conspicuous pioneer in Baltimore practice, and his father, too, was through an active life and in the best sense a Maryland doctor of the old school. Through his mother, also, he brings medical tradition, and by colonial descent is related widely to representative families throughout the State.

Essentially clubable, although little of a clubman, Dr. Martin is devoted rather to his home and friends, a delightful, genial host and companion, presenting to those of us who know him well a social quality of great attractiveness.

It is a pleasure to inscribe in the BULLETIN this word of appreciation of one of the University's most talented sons, who by every count is entitled and who has arrived.

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#### THE DAVID STREETT MEMORIAL SCHOLARSHIP FUND.

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The only contribution to this fund in February was one of \$5 from Dr. H. E. Peterman. We are very grateful for this contribution. If all of Dr. Streett's pupils would contribute a like amount, we would have the amount desired in hand in a short time.

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#### ITEMS

Dr. Charles A. Waters, class of 1911, formerly of Govans, Md., desires to announce that he has opened offices at 1100 N. Charles street, Baltimore, Md., equipped for radiographic and fluroscopic examinations and for intensive X-ray therapy. The equipment includes apparatus for ureteral catheterization and stereoscopic pyelography; for Pirie's method of serial gastro-intestinal radiography; for upright and prone gastrointestinal fluroscopy, and for teleroentgenography of the heart. Consultation by appointment from 8-9 A. M. and 5-7 P. M. Telephone, Mt. Vernon 5856.

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At the meeting of the Baltimore City Medical Society, Friday, March 3, 1916, Dr. John C. Hemmeter read a paper on "The Value of Duodenal Feeding in the Preparatory Period to Gastric Operation."



Dr. Jacob H. Hartman, class of 1869, of 5 W. Franklin street, has completely recovered from his recent severe illness.

Dr. W. G. Harper, P. & S., class of 1910, of Beverly, W. Va., and Mr. E. K. Tullidge, ex-1913, came to see us recently.

The Delta Chapter of the Chi Zeta Chi Fraternity, University of Maryland, held a smoker Saturday evening, February 12, in the chapter house, 919 McCulloh street, from 8 to 11.30.

Prof. Randolph Winslow and Mr. Caleb Winslow, registrar of the medical department of the University of Maryland and the College of Physicians and Surgeons, attended the Twelfth Annual Congress on Medical Education, Public Health, and Medical Licensure, which was held in Chicago, Ill., February 7 and 8. They represented the University. The most important question under discussion was the entrance requirements.

The Eleventh Annual Meeting and Dinner of the Pennsylvania Branch of the General Alumni Association of the University of Maryland and College of Physicians and Surgeons was held at the Hotel Walton, Philadelphia, Thursday evening, March 9, at 7 o'clock.

On Tuesday, February 15, the Medical Society of the University of Maryland and the College of Physicians and Surgeons held its regular monthly meeting in Chemical Hall, University of Maryland, at 8.30 P. M. The program was most interesting and was as follows:

1. "A Year's Experience in Gall-bladder Surgery," Dr. R. P. Bay.
2. "Incidents of Service with the American Red Cross in Europe," Dr. John Spearman.
3. "Multiple Myeloma. Report of a Case." Clinical features, Dr. H. G. Beck; pathology, Dr. Standish McCleary.

A subscription dance for the benefit of the University Hospital was held at the Emerson Hotel February 25. The music was furnished by the Ideal Dance Orchestra. The patronesses were Mrs. Howard M. Towles, chairman; Mrs. Garth Clopton, Mrs. Louise H. Fehsenfeld, Mrs. Benjamin F. Hearn, Mrs. A. M. Shipley, Mrs. Henry Liebman, Mrs. Harry E. Munn, Mrs. H.

C. Davis, Mrs. J. C. Hemmeter, Mrs. William Wilkins, Mrs. T. J. Hance, Mrs. Winfield Yerby, Miss M. Cottingham, Miss E. Bartlett, Miss May H. Kerr, Miss Mildred Adams and Miss Buckingham.

Dr. Howard D. Lewis, class of 1900, announces the removal of his offices to the Normandie Apartments, 2600 Block St. Paul street, first floor. Office hours, 9-10 A. M. and 7-8 P. M. Phone, Homewood 1406.

At a recent meeting of the Montgomery County Medical Society of Dayton, O., Dr. Howard V. Dutrow, class of 1904, was elected delegate to the Ohio State Medical Association for a term of two years. Dr. Dutrow is engaged in special practice, viz.: eye, ear, nose and throat, in Dayton, Ohio.

Dr. James Clifford Perry, Surgeon, U. S. P. H. S., Class of 1885, is now on duty as Chief Medical Officer in charge of medical inspection of immigrants at Ellis Island, New York. He was formerly on duty in Washington, D. C.

Recent accessions to the Library of the University of Maryland:

*Gift of Dr. Elmer Newcomer*—Elder, A. Vava-sour, Ship-surgeon's Handbook.

*Gift of Dr. Nathan Winslow*—Tyler, Samuel, Memoir of Roger Brooke Taney; McClellan, George, Regional Anatomy (in 2 vols.); Foster, Frank P., Practical Therapeutics (in 2 vols.); Jones and Sieveking, Pathological Anatomy; eight bound volumes of the Medical Review of Reviews.

*Gift of Prof. W. Simon*—Simon, William, Chemistry.

*Gift of Messrs. W. M. B. Saunders & Co.*—Dorland, W. A. Newman, Medical Dictionary; Scudder, Chas. L., Fractures; De Lee, Jos. B., Obstetrics; Anders, Jas. M., Practice of Medicine; Schamberg, Jay F., Diseases of the Skin and Eruptive Fevers; Mallory and Wright, Pathological Technique; Cabot, Richard C., Differential Diagnosis; Smith, G. Carroll, What to Eat, and Why; Da Costa, John C., Jr., Physical Diagnosis; Morrow, Albert S., Diagnostic and Therapeutic Technic; Pilcher, Paul M., Practical Cystoscopy; Kyle, Dr. Braden, Diseases of the Nose and Throat; de Schwemitz, G. E., Diseases of the

Eye; Bandler, Samuel W., Medical Gynecology; Church-Peterson, Nervous and Mental Diseases.

*Gift of Mrs. Whitelaw Reid, through Sir William Osler, Bart.*—Trudeau, Edward Livingston, Autobiography.

*Gift of Messrs. Lea & Febiger*—Abbott, A. C., Bacteriology; Wilson, Erasmus, Anatomy (Ed. by Wm. H. Gobrecht); Dalton, John C., Physiology; Schafer, Edward A., Histology; Durham, Edward K., Histology; Taylor, Seymour, Index to Medicine; Ruddeman, E. L., Materia Medica; Stevens, A. B., Pharmacy and Dispensing; Egbert, Seneca, Hygiene and Sanitation; Greene, William H., Medical Chemistry; Daggett, Charles H., Pharmaceutical Chemistry; Cushing, A. R., Pharmacology and Therapeutics; Hare, H. A., and E. J. G. Beardsley, The Medical Complications, Accidents and Sequels of Typhoid Fever and Other Exanthemata; Jewett, Charles (Editor), Obstetrics by American Authors; Boyd, Stanley, Druitt's Surgery; Edwards, Arthur L., Principles and Practice of Medicine; Flint, Austin, Diseases of the Heart; Frankland and Japp, Inorganic Chemistry; Norris and Oliver, Ophthalmology; Tirard, Nestor, Medical Treatment of Disease and Symptoms; Roger, G. H., Infectious Diseases; Bruce, J. Mitchell, Principles of Treatment.

*Gift of Dr. A. Jacobi*—Robinson, Wm. J. (Editor), Collectanea, Jacobi (in 8 vols.)

*Courtesy of the American Jewish Committee*—Jews (The) in the Eastern War Zone.

*Mayo Clinics*—Collected papers of the 6 vols.

In addition to the above-mentioned gifts, the Library has received sixty-three (63) volumes, chiefly on the subject of chemistry, from the collection of the late Prof. R. Dorsey Coale, and a copy of Dr. Wm. S. Gardner's work on gynecology, making a total of one hundred and forty (140) accessions since January 1, 1916. All donations were properly acknowledged and recorded.

#### LIBRARY NOTES.

Dr. J. M. H. Rowland has generously offered to have rebound four (4) volumes of Benjamin Rush's Medical Inquiries, which he had previously presented to the Library.

Dr. Ralph P. Truitt was in the city a few days ago. For the past two years he has been making his home in Louisiana. He was on his way to visit his parents in Snow Hill, Md.

Dr. George Y. Everhart, class of 1885, of Hillsdale, Md., a prominent physician of Baltimore county and a former Speaker of the House of Delegates, has been critically ill at his home on the Windsor Mill road, near Forest avenue, with an affection of his neck.

Dr. Grover A. Stem, class of 1912, after 18 months' service in the American Red Cross in hospitals of General von Hindenburg's armies and Russian prison camps, has returned home. Immediately upon his return he went to see his father, near Westminster, Md., who has been ill.

After graduating Dr. Stem became an intern at the University Hospital. He was later appointed to the staff of the Hebrew Hospital. In September, 1914, the American Red Cross called a number of American surgeons for work on the European battlefields, and Dr. Stem was among the Baltimore surgeons who volunteered to go. In company with Dr. John Spearman, College of Physicians and Surgeons, class of 1912, and other American physicians, he sailed from New York.

For one year Dr. Stem was with Dr. Spearman, who returned to this city last October. Both were with the Red Cross unit assigned to von Hindenburg's command, and they experienced the campaign when Hindenburg captured a major part of Poland and Warsaw. After this campaign Dr. Stem was at Gleiwitz, Galicia, where a large first line hospital was located. While there he performed and aided in hundreds of operations.

Dr. Stem is a staunch believer in German thoroughness. In his letters he described the organization of the army as wonderful. When other American surgeons decided to come home, Dr. Stem decided to see the war from the other side, so he enlisted in the American Red Cross doing work in Russia.

Armed with passports and other things of identification, he got across the border into Russia and went to Petrograd. He entered for six months' service in the Red Cross, and was assigned to work in the great prison camps at Orenburg, Siberia. Orenburg, where thousands of Austrian and German prisoners are held by the Russians, is a city of 60,000 inhabitants. It is the headquarters of the Orenburg Cossacks.

Dr. Stem found the work in the prison camps exceedingly strenuous, and after three months'

service resigned and went to Moscow. The camps are at the foothills of the Ural Mountain range, and the cold is intense. Only coarse food is furnished the prisoners. After traversing Russia Dr. Stem made his way to Bergen, Norway, where he boarded the steamer Bergensfjord for New York.

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We are in receipt of the following letter from Dr. Louis Winfield Kohn, class of 1910, formerly of Scranton, Pa.:

"Philadelphia, Pa., February 24, 1916.

"Dr. Nathan Winslow, Editor:

"My dear Dr. Winslow—The November number of THE HOSPITAL BULLETIN was only a few days ago forwarded to me from my former Scanton address, and upon perusing over its contents came across an old article of mine, reprinted from the *American Journal of Surgery* and actually delivered before the Erie Surgeons' Convention at New York in 1914. I have, however, since that time ventured into a new field, dealing with the subject of gastro-enterology, and my literary work in the future will be directed more or less along such lines. An article of this nature was published only a few days ago in the *New York Medical Journal*. The kind interest which you seemingly take in the work of former students connected with the 'old school' is to be commended, and I can assure you personally appreciated. I am now located at 1402 Spruce street, this city, and you will therefore kindly address my BULLETINS in the future to this address. With my best wishes, I am,

"Yours very sincerely,

"LOUIS WINFIELD KOHN."

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The University Hospital is supplying the physicians with subscription blanks with the University Hospital, Lombard and Greene streets, Baltimore, Md., on them. This is an innovation and shows a spirit of progress. It is a splendid idea, and we congratulate the originator.

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In recognition of the many books and treatises Dr. John C. Hemmeter, professor of physiology and clinical medicine, has written on diseases of the stomach, he has been honored by election as a Fellow of the Royal Society of Arts of England, of which the King of England is honorary president and the Duke of Connaught is active president.

His "History of Medicine" also brought special recognition from the society, and his work with the X-ray for the recognition of diseased conditions of the stomach and intestines is highly regarded. He is also a Fellow of the American Association for the Advancement of Science, a member of the Physiological Society of Germany, of the Imperial German Academy of Natural Sciences, of the Imperial Association of Austrian Physicians and of the Acadmai di Scienza of Palermo.

Dr. Hemmeter was notified of his election a few days ago. This is a high honor for him, and he has been warmly congratulated by his friends.

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It is interesting to learn that Senator James of Kentucky has introduced in the Senate the bill recently offered in the House, directing that Colonel Louis Marvin Maus, Medical Corps, U. S. A. (retired), class of 1874, be placed on the retired list with the rank of brigadier-general. Colonel Maus, who has the distinction of having served longer than any other officer in the Medical Corps of the Army, was born in Baltimore, and is now secretary of the Kentucky Tuberculosis Commission, with headquarters at Frankfort. He entered the Medical Corps in 1874, and was given a medal of honor by Congress for bravery in an expedition against the Indians in the latter seventies. He was one of the men who helped clean up Havana, and later he was detailed to the Philippines to suppress the epidemic of bubonic plague.

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Dr. Ridgely B. Warfield, class of 1884, has returned from Boston, where he attended the wedding of Dr. Frank Martin and Miss Elizabeth Prescott Bigelow on March 1.

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The thirteenth annual meeting of the Maryland State Association of Graduate Nurses was held at the Medical and Chirurgical Library, 1211 Cathedral street, on Friday, January 28. Miss E. M. Lawler, president, in the chair.

Miss Anna G. Goodrich, president of the American Nurses' Association, gave a talk on "State Registration." Miss Mallalien read a paper on "Private Duty Nursing," and Miss French discussed the "Johns Hopkins School and Convalescent Home." Miss Grace Barclay, who went to France with other Maryland nurses as part of a Red Cross detachment, rendered an account of her experiences from the time she left



Baltimore until she returned. This was very interesting.

The senior nurses of the Training Schools attended in a body.

A reception was held and refreshments were served.

Officers elected for the year were: President, Miss E. M. Lawler, Johns Hopkins; first vice-president, Miss James Nash, Bellevue; second vice-president, Miss M. E. Sullivan, University of Maryland; secretary, Miss E. J. Taylor, Johns Hopkins; treasurer, Miss E. C. Lee, University of Maryland.

Mr. J. Cyril Eby of the senior medical class has just received a postal from Mr. J. Bruce Arnold, Jr., ex-1915, which is as follows:

"Hello, Cyril! How's Balto.? Had a great time in Serbia. Was captured by the Germans, escaped, and am now back with the Allies again. In Paris on a two days' leave and having a great time. Drop me a line care of the American Embassy, Paris.

"ARNOLD."

Dr. Richard Grady, B. M. C., class of 1888 (dentist), of the United States Naval Academy, has returned from a visit to Florida.

Dr. Joseph I. France, P. and S., class of 1903, who recently announced his candidacy for the Republican Senatorial nomination, has opened headquarters in the Maryland Trust Building, Baltimore.

The first of a series of entertainments for the members of the senior class of the University of Maryland and the College of Physicians and Surgeons was held Thursday evening, February 18, at the home of Dr. John C. Hemmeter, 739 University Parkway. Twenty-five students were present.

Rev. Dr. Julius Hoffman delivered a lecture to the young men on "Advantage of the German Language in Medicine." He spoke of the rapid rise of the student of medicine following the learning of the language and of our large German population, one-fifth of the entire population of the United States. Dr. Hemmeter addressed the gathering on "Music and Medicine," speaking of the value each had to the other in making the life of a man a success. The eighth symphony of Beethoven, with interpretations, was rendered

by Prof. Arthur Oehm. Refreshments were served the gathering.

Dr. Hemmeter has made a life study of the anatomic and physiologic foundations of piano and vocal technique, and described the manner of co-ordination between various muscles and nerves in the production of tone, the conduction paths for hearing in the brain.

The following appointments of our fourth-year men have been made: J. T. Hennessy, an intern at St. Joseph's Hospital, Syracuse, N. Y.; B. C. Carter, an intern at the Boston Marine Hospital, Boston, Mass., and H. M. Wellman, an intern at the Western Pennsylvania Hospital, Pittsburgh, Pa.

We are in receipt of the following circular-letter:

University of Maryland  
School of Medicine  
and  
College of Physicians and Surgeons  
Baltimore, Md.  
February 25, 1916.

"My Dear Doctor:

"In April Dr. Randolph Winslow will have completed his twenty-fifth year as a member of the Major Faculty of the University of Maryland. Recently a sentiment has crystallized among the instructors in the above institution to celebrate this anniversary in a suitable manner. The movement was started formally through the Executive Committee of the Adjunct Faculty, and it has been decided to tender Dr. Winslow a dinner on or about the 28th of April, this dinner to be held at the Hotel Belvedere, subscriptions to be ten dollars (\$10) a plate. It was the sense of the committee that it would be appropriate at this time to present a testimonial to Dr. Winslow.

"Your interest in the University of Maryland assures us that you will do everything in your power to make this occasion a success by not only subscribing, but also by using your influence in order to make the gathering as representative as possible.

"Enclosed you will find a subscription blank, which we trust you will sign and return at once. Check may be sent on or before April 15.

"Yours sincerely,

"W. P. STUBBS, M.D.,

"Chairman."



Prof. Randolph Winslow has been connected with the teaching force of the University of Maryland since 1873, now a period of 43 years, during which time by precept and example he has influenced and moulded the characters of innumerable youths who have come under his supervision, and during the same time he has labored incessantly and unselfishly for that which he thought would create a larger and better University of Maryland. It is, therefore, appropriate that his friends, colleagues and students should by outward manifestation celebrate the completion of a praiseworthy service of a quarter of a century, rigorously and undeviatingly devoted to the University.

THE BULLETIN, on behalf of its subscribers, congratulates Professor Winslow upon the completion of so active a service, and furthermore fervently wishes him many more years of activity.

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Dr. A. B. Mitchell, class of 1877, writes us as follows:

"Monkton, Md., February 17, 1916.  
*"The Hospital Bulletin,*  
 "608 Professional Bldg.,  
 "Baltimore, Md.:

"Gentlemen—Having been so agreeably entertained and rested as well after a hard day's driving over our rough roads, I take pleasure in saying that the articles presented in the February 15 issue of THE HOSPITAL BULLETIN have surely been well chosen.

"I shall mark the copy for reference when similar cases may come to my attention, not forgetting to apply to myself some of the sentiments set forth in the classical production of Dr. Ridgely B. Warfield.

"Yours very truly,  
 "A. B. MITCHELL."

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Dr. Edgar Williams Young, B. M. C., class of 1911, is located at McKenney, Va.

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Dr. Jose L. Hirsh, class of 1895, has been visiting in Richmond, Va. He stopped at the Hotel Jefferson.

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## MARRIAGES

Dr. Frank Martin, class of 1886, professor of operative and clinical surgery, University of Maryland, of Baltimore, Md., was married to

Miss Elizabeth Prescott Bigelow of Boston, Mass., March 1, 1916. The ceremony was performed at 3 o'clock P. M. at Trinity Protestant Episcopal Church, Copley Square, Boston, by the Rev. Dr. Mann in the presence of the members of the two families and a few friends. The wedding was very quiet, owing to the recent death of the bride's brother. A small reception followed at the town house of Mr. and Mrs. Bigelow on Marlboro street.

The bride was given in marriage by her father, and had as her only attendant Miss Hope Malcolm of New York. Mr. Theodore R. Hoyt of Stamford, Conn., was Dr. Martin's best man; Mr. W. W. Keith and Dr. Ridgely B. Warfield of Baltimore, who were to have been ushers had the original plans for the wedding been carried out, attended the ceremony. Dr. and Mrs. Martin will spend several weeks at Palm Beach, and on their return will occupy their residence, 1000 Cathedral street. The bride is an expert horse-woman, and since her debut several years ago has been a prominent figure in society. She is a member of the Sewing Class of 1912, and has taken an active part in charities centering around settlement work. Dr. Martin, who is one of the leading surgeons of this country, belongs to the distinguished Maryland family of that name, and is a member of a number of clubs. The bride has visited here as the guest of Dr. Martin's nieces, Miss Anne W. Martin and Miss Ruth L. Martin, at their home in Roland Park, and has a host of friends in Baltimore.

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## DEATHS

Dr. J. McKendra Kemp, class of 1861, one of the best known physicians on the Western Shore of Maryland, died at the Johns Hopkins Hospital, after an illness of more than a month, February 17, 1916, aged 80 years. Death was due to heart trouble, superinduced by an operation, by which one of his legs was amputated.

Born at Black Rock, Md., 80 years ago, Dr. Kemp received his early education in the public schools of the State. Later he entered the medical school of the University of Maryland, and was graduated from that institution in the year the Civil War was declared. He enlisted as surgeon in the Union Army, and remained until the close of the war. During the years following the struggle Dr. Kemp resided in one of the little towns of Virginia. About six years ago he went

to Welcome, about 12 miles from La Plata, and established a small practice.

Dr. Kemp is survived by four sons and four daughters.

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Dr. Elisa C. Etchison, class of 1874, of Gaithersburg, Md., one of Montgomery county's leading physicians, died in a hospital in Washington, D. C., February 5, 1916, aged 67 years.

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Dr. William A. Marbury, class of 1867, formerly of Woodville and Aquasco, Md., died at the home of his sister in Laurel, Md., February 3, 1916, aged 74 years.

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Dr. Walter H. Mayhew, class of 1901, of Sabillasville, Md., formerly demonstrator of histology and embryology in his alma mater, died in Baltimore, December 13, 1915, from pulmonary tuberculosis, aged 37 years.

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Dr. Rufus H. Smith, College of Physicians and Surgeons, class of 1877, a retired practitioner and capitalist, who had resided in Seattle since 1899; for six years chief surgeon of the Great Northern and Columbia and Puget Sound railroads; a member of the Legislature from King county, and president of the Senate in 1903, died in the Seattle General Hospital February 12, 1916, aged 64 years.

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Dr. Charles L. Wachter, College of Physicians and Surgeons, class of 1884, a member of the Medical and Chirurgical Faculty of Maryland, a member of the Frederick County School Board and director of the Thurmont Bank, died at his home in Sabillasville, Md., February 3, 1916, aged 60 years.

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Dr. Joseph B. Follmer, College of Physicians and Surgeons, class of 1884; a member of the Medical Society of the State of Pennsylvania; school director and member of the Board of Education of Berwick, Pa., for many years, died at his home in Berwick January 31, 1916, aged 56 years.

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Dr. Paul Rider, College of Physicians and Surgeons, class of 1911; a Fellow of the American Medical Association, and a practitioner of Wardensville, W. Va., died at the home of his wife's parents in Morgantown, W. Va., February 1, 1916, from myocarditis, aged 31 years.

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Dr. James McHenry Howard, class of 1869, of Baltimore, Md., a Confederate veteran; quarantine officer of Baltimore in 1881 and 1882, died at the Johns Hopkins Hospital, Baltimore, January 31, 1916, from heart disease, aged 76 years.

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Dr. James F. Hughes, class of 1860, surgeon in the Confederate service during the Civil War and thereafter a practitioner of Allegany county, Virginia, died at his home in Clifton Forge, Va., January 31, 1916, aged 81 years.

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Dr. Frederick Lawford, class of 1900; a member of the Medical Society of Virginia; surgeon to the Norfolk & Southern Railway and Berkley Street Railway; proprietor of the Lawford Hotel and Hospital, Berkley, Norfolk, Va., died at his home in Norfolk, January 24, 1916, from pneumonia, aged 40 years.

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Dr. William G. Bradshaw, College of Physicians and Surgeons, class of 1881; postmaster of High Point, N. C.; a druggist, banker and furniture manufacturer, died at his home January 19, 1916, from cerebral hemorrhage, aged 60 years.

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Dr. R. C. Buck, class of 1874, of Bristow, Va., died at his residence in that place February 1, 1916, aged 65 years. Dr. Buck was born in Warren county, Virginia, in 1851. After graduating he located in Fauquier county, Virginia, where he practiced many years with great success. A few years ago he moved to Prince William county, but for several years he has been in failing health and not in active practice.

He was a man of high moral and professional standing, and belonged to the school of old-time country practitioner, being most successful in his work, which covered a wide territory and required unusual labor. He was well equipped in his profession, and kept pace with the progress of medicine in all of its ramifications. He was a loyal alumnus of the University of Maryland, and recommended many students to the University. He was the father of six boys and two girls, all of whom are grown. THE BULLETIN extends its sympathy to his family.

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Dr. William Edward Moseley (Harvard, 1874), F.A.C.S., professor of gynecology in the Baltimore Medical College from 1897 to 1909, died at his residence, 614 N. Howard street, Bal-

timore, February 10, 1916, from cancer, aged 67 years.

Dr. Moseley, son of Charles Benjamin and Emeline (Foster) Moseley, was born at Peter-sham, Mass., May 22, 1848. His elementary education was acquired in the public schools of Medford, Mass., which he attended until the age of 15 years, and then accepted a position with the firm of Gardner Brewer & Co., in Boston. Later he entered the employ of C. F. Hovey & Co., in their wholesale department. From his earliest years he had been of a studious disposition, and during the time spent in the various business positions he continued his studies in his spare time, and when he left the last-mentioned firm in 1867, he entered Antioch College, at Yellow Springs, O., and remained there three years. As he was obliged to earn the money necessary for his college expenses, his health became impaired in 1870 by too close application to work and study. He returned to Boston for a time, then matriculated at the Harvard Medical School in September, 1870, becoming a member of the first class that voluntarily adopted a three years' course. While there he acted as assistant to Dr. Clement Walker, who was at the time superintendent of the Boston Lunatic Hospital, and a part of his time was spent in charge of the Pauper Hospital, on Rainsford Island. Dr. Moseley served as intern in the Massachusetts General Hospital during 1873-74, and as assistant to Dr. George C. Shattuck in the Good Samaritan Hospital and in his private dispensary. He was graduated with the degree of Doctor of Medicine in 1874, and immediately removed to Baltimore, where he established himself in practice. He soon took an especial interest in cases of a gynecological nature, and determined to make a specialty of this branch of the medical profession. In order to obtain the largest amount of experience in this field of surgery, he served during the hospital year 1880-81 as a member of the staff of resident physicians of the New York Woman's Hospital. Prior to 1894 he served for several years as gynecologist to the Union Protestant Infirmary in Baltimore, and then established a private sanitarium for the treatment of cases of this nature, and also served as gynecologist to St. Agnes Sanitarium.

In 1897 the Baltimore Medical College elected him professor of diseases of women, and he was appointed gynecologist to the Maryland General Hospital. He held both these positions until

January, 1909, at which time he resigned and was made emeritus professor. He had been honored with a number of appointments to office, which clearly indicate the high value placed upon his services by the medical fraternity. Among these are the following: President of the Gynecological and Obstetrical Society of Baltimore, the Clinical Society of Maryland and the Alumni Association of the New York Woman's Hospital; president of the Harvard Club of Maryland; member of the American Medical Association, Medical and Chirurgical Faculty of Maryland, the American Gynecological Society, the Harvard Medical Alumni Association, the Maryland Historical Society and the Civil Service Reform Association. He was also a member of the University, Johns Hopkins and Harvard Clubs of Baltimore, and was a charter member of the Baltimore Country Club.

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Dr. George Lane Taneyhill, Sr., class of 1865, of 1103 Madison avenue, Baltimore, died at his residence, after a week's illness from heart disease, March 2, 1916, in his 76th year.

Dr. Taneyhill was one of the most prominent physicians of the city, and one of the most beloved. He was the son of the Rev. Thomas Taneyhill, and was born at Bellefonte, Center county, Pennsylvania, March 11, 1840. He graduated with the degree of A.B. from Dickinson Seminary, Pennsylvania, in 1858; A.M., Dickinson College, 1882; taught school until 1893, when he became a pupil of Dr. John F. Petherbridge of Calvert county and Professor McSherry. In 1865 he graduated with the degree of M.D. from the University of Maryland. Although he had not graduated at the time, he served as an acting assistant surgeon in the Civil War, and was attached to the Eleventh Maryland Regiment. He served as assistant physician to the Maryland Hospital for the Insane from 1865-1868, president of the Baltimore Medical Association from 1874-1875, school commissioner of the Twelfth Ward, on the Pension Examining Board, vice-president of the Baltimore Obstetrical and Gynecological Society, physician to St. Andrew's Society, a founder of the Maryland Academy of Sciences and recording secretary of the Medical and Chirurgical Faculty from 1882-1894.

He is survived by his widow, Mrs. Caroline Taneyhill; a son, Dr. G. Lane Taneyhill, Jr., and a daughter, Miss Ruth Taneyhill.



# THE HOSPITAL BULLETIN

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**W**HAT greater boon can one ask than the privilege of serving man? Of the many forms of service, none is nobler than that of alleviating the ills of one's fellow man. Another of almost equal import is teaching. In both of these vocations **Doctor Thomas A. Ashby** has labored long and faithfully. Graduating in 1873, he immediately assumed a position of importance in the medical life of Maryland, both as healer and teacher, many years of which have been spent as professor of gynecology in the University of Maryland, which position he has filled with honor and distinction. Personally of a lovable nature, he sheds sunshine wherever he goes. We of the University of Maryland have, indeed, been blessed by having him with us. Under the most trying circumstances, his evenness of temper and sense of justice have always served to calm the ruffled waters. For eighteen years his stalwart figure has stood at the helm, and during this period, the most revolutionary in the history of the Medical Department of the University of Maryland, he has wrought most earnestly for its interests. And now, in his evening-tide, he still cherishes the same love and affection for his alma mater. It, therefore, gives us great pleasure, not only to dedicate this number to **Doctor Thomas A. Ashby**, but also to incorporate an estimation of his activities from the pens of some of his friends.

## A RECOGNITION OF MERIT.

By ALBERT HYNSON CARROLL, M.D.

"No distance of place or lapse of time can lessen the friendship of those who are thoroughly persuaded of each other's merit."—*Southey's "Doctor."*

The presence of merit claims recognition, and merit is the essential condition upon which all praise must be based. Praise is not a thing we can give, but a debt we owe the meritorious. As it is a debt, we must pay it, for merit, although not a tangible thing, in every instance influences the "onward march of human endeavor." Hence all men benefit because of it to a greater or less degree. Recognition of merit is then but the payment of an honest debt.

Should it not be a natural pleasure to pay in small part the debt we owe Thomas A. Ashby? How often do we withhold expressions of appreciation which constitute so great a part of the reward for a work well done, and this not because of a lack of an appreciation of duty, but as a result of a careless selfishness? How frequently is this responsible for real and deep regret?

A work well accomplished and a life well lived may be its own reward in the happiness which accompanies it, but the acknowledgment of the results of one's labors by one's true friends must add an element which, although not of necessity essential, should make for a greater contentment, for a more perfect happiness.

Dr. Ashby, you have played no small part since you started upon your serious life's work. In many ways you have been the pioneer in thought and in act. Your work done and now doing will always live. You have accomplished much more than things material, for you have set an example for those around you to follow. An example of great industry, of optimism, of unselfishness. An example of great ambition already rewarded with success. To your friends, your associates, and in particular to your students, has come the opportunity to acquire inspiration from you.

You have said when writing of your kinsmen in your "Life of Turner Ashby" that "heredity and environment are the keystone of achievements." Your kinsmen achieved much, but you have accomplished greater things. You have

risen above the level of ordinary attainment, and have left your imprint upon the pages which will record merit in this generation. Much that you have accomplished may be due to fundamental hereditary factors, but the environment, which must include not only the opportunity, but the ambition, has been dependent not alone upon physical factors, but upon a basic determination on your part to excel.

No mind can appreciate, except in a small way, all the many labors which must play a part in bringing forth that consummation of life effort which can be called "Success." When there exists this incomplete understanding, and there is added the difficulty of literal interpretation, the fullest expression for meritorious achievement cannot be reached. Man's acts or words can but inadequately convey what his heart dictates.

Your friends cherish your friendship. The debt of the people, of your students and of the profession is a large one. The University of Maryland claims you as one of her most distinguished alumni.

## A BRIEF SKETCH OF THE PROFESSIONAL WORK OF PROF. THOMAS

A. ASHBY, M.D., LL.D.

By RANDOLPH WINSLOW, M.D.

I entered the University of Maryland as a medical student on October 1, 1871. At the first surgical clinic of the session my attention was directed to a young man who sat on the south side of the old amphitheater. He was a decided blonde, of good stature and rather stout, with a smoothly shaven and smiling countenance. He was the very epitome of good nature and kindness. This was Thomas Almond Ashby of Virginia, like myself a freshman amid unfamiliar and even fearsome surroundings. I soon became his friend, which friendship has continued unabated to the present time, a period of more than 44 years. He was a good student and one of the most respected and beloved members of the class. After graduation he located in Baltimore and spent his lean years in perfecting himself in his profession, but in 1875 he was appointed resident physician of the Baltimore Infirmary, now known as the University Hospital, and so efficiently did he perform his duties that he continued to fill the office for three years.

While occupying this position he founded the *Maryland Medical Journal*, which he edited and published for 14 years. This journal is now completing its thirty-ninth year, and, whilst it has been subjected to severe criticism, it has been of immense service to the profession. It is the only independent medical journal that has survived in Maryland more than a few years. If it has not reached that plane of excellence that some of its critics have lamented, it is not the fault of Dr. Ashby or of its subsequent editors, but of the medical profession itself, which has failed to support the enterprise intellectually or financially. In 1882 Dr. Ashby, in association with Drs. B. Bernard Browne, Eugene F. Cordell and Randolph Winslow, organized the Woman's Medical College of Baltimore, and he filled the chair of obstetrics and clinical gynecology for 15 years. This small college for women had a most honorable career for 28 years, when, owing to changed conditions, it closed its doors. It was the best training school for young teachers in the city, and many of those who are now engaged in teaching, and several others who have passed over the divide, here laid the foundation of their future success.

In 1889 Dr. Ashby was called to the chair of diseases of women in the Baltimore Medical College, which he continued to fill until 1897. Here a broad field of opportunity and of usefulness was opened to him and he rapidly gained a wide reputation as an expert and facile operator. Upon the resignation of Prof. William Travis Howard from the University of Maryland, in 1897, Dr. Ashby was unanimously chosen as his successor. It was a source of great satisfaction to him to be called to this important chair in his alma mater, and he brought to his work enthusiasm, industry and ability of a high order. The celerity and success with which he performed difficult abdominal operations were a marvel to his students and associates, and he established a new era in gynecology in the school and hospital. During the 18 years that he has been a professor in the university he has ever been mindful of the best interests of the institution, and his efforts in its behalf have been attended with most beneficial results. His efforts have ever been constructive, and he has shown us the way out of many difficult and dangerous situations. In everything that pertained to the interests and welfare of the medical profession of the State he was for many years a potent factor. Through his efforts 122 new members were enrolled in the Medical and Chirurgical Faculty of

Maryland in 1890 and 1891, and the beginning of that renaissance, which has progressed to the present time, was made. In consequence of this highly important work he was honored with the presidency of this distinguished body in 1890, at a comparatively early age. Besides membership in various local societies, several of which he served as president, he was elected a fellow of the American Gynecological Society many years ago, and has recently been placed on the list of honorary members. He is also a founder and fellow of the American College of Surgeons.

Although Dr. Ashby's education was interrupted by the turmoil of the Civil War, he, nevertheless, managed to obtain a most excellent training. For three years he was a student at Washington College while it was under the presidency of Gen. Robert E. Lee, and, though he did not graduate, he made good use of the opportunities there afforded. In recognition of his attainments his alma mater, now known as Washington and Lee University, conferred the degree of Doctor of Laws on him a few years ago. Besides being a frequent contributor to the literature of his specialty, he has also found time to write a textbook on "Diseases of Women," almost the whole issue of which was destroyed by the great Baltimore fire in 1904, which so discouraged him that he never reproduced the work. Recently he has published a very interesting book entitled "The Valley Campaigns," written largely from his personal observations as a boy in the Valley of Virginia. He has also written a "Life of Turner Ashby," who was his kinsman and a distinguished Confederate general. I have attempted in this short sketch to give some account of the life and work of one of the distinguished members of our profession who was my classmate and is my colleague and friend. Whatever prominence he may have attained as professor, author and surgeon is more than equaled by his uniform courtesy, his geniality, his kindness of heart and his abounding optimism. In the last analysis he will be remembered by his friends and colleagues less as Ashby the surgeon than as Ashby the man.

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DR. THOMAS A. ASHBY AS A FELLOW-MEMBER OF THE MEDICAL FACULTY AND FRIEND.

By JOHN C. HEMMETER, M.D.,  
*Professor in the University of Maryland.*

It has been said by Macaulay that biographies should not be written except by men of broad ex-



perience and conservative critical judgment, but I should like to add that the biographer, in addition to these qualities, should possess a warm, sane heart. He must feel a sincere sympathy and interest with the person whom he wishes to describe, otherwise the presentation will lack the most vital and appealing quality of the biography.

Then, again, it requires a thorough familiarity with the man's life work and his ideals and aspirations. Concerning these it may be said that Dr. Thomas A. Ashby was always actuated by lofty ideals, though he sometimes did not attain to the realization of those ideals when he endeavored to reach them. This was not his fault, but may have been due to the fact that he set his aim too high.

As an author and medical litterateur he stands in the front rank. Had his health remained better, we should have seen a great deal more from his pen than his work on gynecology and his historic essays and reminiscences concerning the conflict between the North and the South. But there are a great many medical essays in existence which designate the man as a person of very clear and firm convictions.

In connection with the praise due to the subject of any biography it is not discordant to utter a word of condemnation of younger members of the medical profession who find a morbid satisfaction in criticizing the work of men who have preceded them, and very frequently they are arrogant enough to criticize a man who is master in a field of which the critic understands absolutely nothing. The small intellect has a temporary hydrocephalic pleasure when he can for a short time persuade himself that he is "somebody" when he can formulate a resolution criticizing certain traits or methods of someone of acknowledged reputation.

These pitiable efforts have occurred at our university; in one or two instances they have given distinct pain to the men unjustly criticized, but the criticism left no impression whatever except that the originator of it was a man with an evil heart whose efforts should be passed over with silent contempt. Like a great many men who are prominent in medical literature, Dr. Ashby may not have escaped these darts, which Horace calls "*Nec venenatis gravis sagittis*." These poison darts rebound from men like Ashby, for he is "*integer vitæ scelerisque purus*."

Very few men outside of the faculty of medicine know of Ashby's meritorious work as a

medical journalist, member of our Legislature, operator and organizer of the University of Maryland. When he first entered the medical faculty he made a prompt effort at an exact method of keeping the minutes and a better system of bookkeeping. He is an omnivorous reader and passionately fond of that higher culture in medicine of which Samuel C. Chew was such an august representative, but what I admire most about Ashby is the great modesty, simplicity and sweetness of his personality.

He is in periods of storm and stress one of the most humane men I know, the kind of a man whom other men love, with plenty of red bone marrow, strong convictions and courage to stand up for them, and withal extremely kind and sympathetic.

Here's to you, Tim Ashby,

May you live a thousand years,  
To sort of keep things lively

In this vale of human tears.

And here's that I may live

One thousand years, too.

Did I say a thousand years?

No, a thousand less one day;

For I should hate to live on earth

And learn that you had passed away.

#### A TRIBUTE TO DR. THOMAS A. ASHBY.

By S. K. MERRICK, M.D.

As I am informed by the Editor of the BULLETIN that the April number is to be dedicated to Prof. Thomas A. Ashby, whose services to the University of Maryland have been so faithful and long, it gives me great pleasure to add my testimony to his worth, as a surgeon, a physician, a writer, a teacher, and a man.

Having known Dr. Ashby since his student days, and having been associated with him in the faculties of two medical schools and in the medical societies of Baltimore and Maryland, and in social life, my opportunities for making a proper estimate of his merits have been most extensive. As editor of the *Maryland Medical Journal*, president of the Medical and Chirurgical Faculty of Maryland, as author, teacher, and surgeon, he has measured up to a high standard of efficiency. If I mistake not, he was the first surgeon in Baltimore who operated for extra uterine pregnancy, and this operation was followed by 15 or 16 other





DR. ASHBY AS HE APPEARED AT 40.

successful operations for ectopic pregnancy before he lost a case.

As editor of the *Maryland Medical Journal* he acquired the faculty of writing with great facility, combining grace with elegance, and perspicacity with conciseness. Having a liberal education and having read extensively the best literature, few men in the medical profession in this city whom I have ever known are better qualified to write well on so many subjects. "The Valley Campaign," a historic narrative, written by him about two years since, from the viewpoint of a boy, is a most interesting story of the scenes of his boyhood as related to war times in the Valley of Virginia, and Front Royal in particular.

Incident and anecdote run through the narrative like a golden thread through a woven fabric, adding charm and beauty to a very fascinating story. I commend this little book to the perusal of all who take an interest in the Valley Campaign.

The one great merit of Dr. Ashby's writings is that his style is simple, chaste, and concise, and yet his descriptions leave behind in the mind of the reader a picture difficult to obscure and impossible to obliterate.

Dr. Ashby's temperament has always been distinctly sanguine. He is a born optimist. If fault it may be called, the impossible to the average man seemed easy of accomplishment to him. His mind is constructive and never destructive. He is always progressive and never retrogressive. He was blest by nature with a lovable disposition. Whenever I have referred a patient to him, I felt morally certain that the patient would like him. I cannot remember that I have ever been disappointed in this estimate of his amiability. I believe the secret of this is his love for his fellow-man, for "Love begets love and hatred engenders hate."

Some time since in reading "The Attic Philosopher" one of the most remarkable of books extant illustrative of brotherly love, I was forcibly reminded of Ashby. If asked to name the most conspicuous trait of Dr. Ashby's character, I would unhesitatingly say "candor, loyalty and amiability"—three cardinal virtues.

Dr. Ashby has been a student all his life. The natural sciences, biography, classical literature, history, ancient and modern, are the fields in which he most delights to roam. His mind is the storehouse of a vast amount of information on all the subjects just mentioned. His professional

attainments I have only touched upon, as I take it others will cover this ground much more comprehensively.

These brief and desultory remarks I bring as a slight tribute to a man whose friendship I have always valued, whose illness I much deplore, and whose restoration to health and the normal activities of life is a consummation devoutly to be wished.

An ethical physician, a successful and skillful surgeon, a graceful and effective writer, a forceful and sympathetic teacher, a cultured and refined gentleman, and a loyal friend. Let us all hope to see him soon again around the table, at the meetings of the Faculty of Physic, of the old University of Maryland, an institution in whose behalf he has spent the best years of his eventful life.

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#### PERSONAL IMPRESSIONS OF DR. ASHBY.

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*By Arthur M. Shipley, M.D.*

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Other men much better fitted than I will write of Dr. Ashby as a surgeon, teacher and author. I shall confine myself to some impressions of the personal side of Dr. Ashby as I have known him since I first entered the University Hospital, 14 years ago.

He is kind and appreciative and forbearing in his relationship with younger medical men. Perhaps this has been due in part to his youthfulness of spirit. I have always been impressed by his unfailing kindness of heart and magnanimity. He is quick to resent any infringement of his rights, and is always most outspoken in voicing his displeasure, but in all these years I have never known him to harbor resentment or ill-feeling. He is most ready to forgive and forget. In the days when I was hospital superintendent, my enthusiasm and impatience brought me in conflict with Dr. Ashby a number of times in minor matters. The fault was usually mine, and I have always remembered with gratitude his spirit of tolerance and patience with me.

In the struggle and competition of professional life, with its gossip of half-truths and untruths, full as it is of successes and failures, of friends and foes, I have watched with admiration the even tenor of Dr. Ashby's life, which has exhibited a broad-gauged, charitable and forgiving spirit.

I have never known a man whose courage burned with a steadier or a braver flame. Again and again his example of courage and hopefulness has heartened his associates.

For years Dr. Ashby was in charge of the campaign for State appropriations to the hospital and medical school, and as his mantle in this especial work has recently fallen in part on me, I have a very real and lively appreciation of how much work he was called upon to do. He did this work patiently, quietly and successfully year after year.

The trait in Dr. Ashby's character which I envy most is his hopefulness. As I have known him his face has been turned always toward the morning.

In these modern days conversation is becoming a lost art. We are too busy to listen. We are full of a superficial knowledge gleaned from newspapers and Sunday supplements, and we mistake this knowledge for culture. Dr. Ashby has been a wide reader, and in conversation has the ability to use all the resources of an active memory. Sometimes he will sit and talk with us, and my recollections of these times are very pleasant ones.

During the last two years Dr. Ashby has done a work of very real and lasting worth for the medical school. He has been organizing and amalgamating the Alumni of the University of Maryland and of the Baltimore Medical College. This has required a lot of work and very considerable traveling, and he has undertaken this at considerable sacrifice and inconvenience, and at a time in life when trips are not undertaken lightly. In the stress and strain of modern urban life we are so busy with the problems and duties of the present day that we are far too prone to forget the yeoman work done by older men in the days when they were at the top of their strength.

Dr. Ashby did work of great value to the profession of the State and to the Baltimore Medical College and later to the University of Maryland and the University Hospital.

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#### DR. T. A. ASHBY AS FRIEND.

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By J. M. HUNDLEY, M.D.

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My association with Dr. Thomas A. Ashby has been intimate and extends over many years. In the year 1884 Dr. Ashby, with Dr. J. Edwin Michael and others, started a polyclinic on Hanover street. I had then been in practice about one

year and was anxious to get a hospital connection wherever I could. I applied to Dr. Ashby for a position in his service, which he kindly gave me, and from that time to the present we have been closely associated. We had some success with the polyclinic. We gained much valuable experience and built up a large clinic in the short time, about two years, the polyclinic was in existence.

In 1889 Dr. Ashby was elected to the chair of gynecology in the Baltimore Medical College, where he remained until 1897, when he was made professor of diseases of women in the University of Maryland, his alma mater. Prof. W. T. Howard had occupied the chair for 30 years. He resigned in the spring of 1897, and Dr. Ashby was elected to the chair. I had been assistant to Dr. Howard for 14 years, and when a new man was put at the head of the department I felt anxious as to how we would get along or whether I would be retained at all. Now this brings me to the point that stands foremost in my mind concerning Dr. Ashby. It is this, Dr. Ashby as friend. When one has worked side by side with a man day in and day out for 19 years the thing that one appreciates most—at least I do—is consideration, kindness and liberality. All of these estimable qualities Dr. Ashby has exhibited not only to me, but to every one with whom he comes in contact. He would rather suffer himself than to be the cause of unhappiness in others.

Dr. Ashby has not only achieved success in his specialty, gynecology, but he has shown ability as a writer. I have never known anyone who writes with greater ease and facility of expression. His capacity for work was tremendous. With a growing and exacting surgical practice, he found time to edit the *Maryland Medical Journal*, and later, about 1903-04, he wrote and published a book on "Diseases of Women." Two hundred copies were sold and the book was destined to have a large circulation, when, unfortunately, the great fire of 1904 destroyed all the plates and proof sheets. The monetary loss was considerable. In late years Dr. Ashby has written several books. After visiting Europe, a few years ago, on his return he wrote "A Hurried Trip Through Europe," and then later "The Valley Campaign, or Personal Reminiscences of a Rebel Boy," and "The Life of Gen. Turner Ashby, C. S. A."

And now, in conclusion, let me say that in the varied activities of his busy life, with his optimism, which has helped him to overcome many



disappointments—we all have them sooner or later—there is one joy which will always be a solace as long as he may live, and that is the knowledge that he has a host of loyal and true friends.

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DOCTOR THOMAS A. ASHBY.

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By NATHAN WINSLOW.

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It is not my intention to analyze the various faculties of Dr. Ashby—that will be done by others—but to simply and succinctly give an outline of his life. He was born near Front Royal, Warren county, Virginia, on November 18, 1848. He is the fifth in the line of descent from Col. John Ashby, who was a friend and companion of Gen. George Washington in the French and Indian Wars prior to 1764. Through this same line Dr. Ashby is related to the late Gen. Turner Ashby, a distinguished Confederate officer in the Civil War. His great-grandfather, Capt. Nathaniel Ashby, held a commission during the Revolution in the Third Virginia Regiment. Owing to his youth, Dr. Ashby did not serve in the war between the States, but on several occasions was caught between the lines and is therefore not entirely unaware of the excitement of battle. These experiences he has incorporated in a book entitled "The Valley Campaign." In 1887 Dr. Ashby married Miss Mary Cunningham of Covington, Ky., which union resulted in five daughters.

Soon after the close of the Civil War, Gen. Robert E. Lee accepted the presidency of Washington College, at Lexington, Va., and the youth of the South immediately flocked to that institution. Among the number was Dr. Ashby, entering in 1867 and remaining until June, 1870. During this residence he took an elective course, consisting of the classics, modern languages and chemistry, as having a special bearing on his preparation for the medical profession. In the fall of 1871 he entered the medical department of the University of Maryland, whence he was graduated with the class of 1873. After graduating he settled in Baltimore and served as prosector to the chair of anatomy. In 1875 he was appointed resident physician to the University Hospital, which position he held to July, 1878, when he was compelled to resign owing to the death of his father. This sojourn in the University Hospital afforded him unlimited opportunities for

clinical observation and study, and was the groundwork upon which he afterwards builded so magnificently. Returning to Baltimore in October, 1878, Dr. Ashby became a permanent citizen.

Dr. Ashby's has been an active life from the very day he landed in Baltimore. When work didn't come to him he went to the work. So it is that while still in the early years of his career he did his most important work, and work of which he is proudest. When only a few years out of college he founded the *Maryland Medical Journal* (1877), and was only able to keep it alive by spending money, time and energy. Of all of the medical journals that had been published in Maryland up to that time none had reached Volume 2, Number 3. So it is only natural that Dr. Ashby is proud to see his creation still in active operation at Volume 59, Number 4. No one can imagine the difficulties under which Dr. Ashby labored in placing the *Maryland Medical Journal* on a solid basis. At the time of its establishment there were but a few men in the profession in Maryland who were in the habit of contributing to medical literature, thus rendering it almost impossible to obtain material of merit. It was only by the hardest effort that the *Journal* was kept going from month to month, and it surely would have died if a less determined man had been at the helm. It was first published as a monthly, but in May, 1880, was changed to a bi-monthly. In May, 1883, it was converted into a weekly, in which form it was published for some 10 or 12 years. Owing to the press of professional work, Dr. Ashby, after 14 years of editorial and business management, severed his connection with the *Journal*, and those who had charge of the *Journal* changed it back to a monthly publication, in which form it has been published since that time, now a term of 39 years. When the *Maryland Medical Journal* was established there were only three or four medical journals published in the Southern States and less than 20 north of the Mason and Dixon line, and medical journals at that time were of a very low grade as compared with the publications of today. The *Journal of the American Medical Association* had not been established and most of the publications were monthlies or quarterlies. The character of the publication at that day did not depend so much upon the work of the editorial staff as upon the contributors. The original articles were largely clinical, the society publications were of a very ordinary type and the



abstracts and reviews were largely drawn from foreign sources, the *British Medical Journal*, the *London Lancet* and German and French publications. The textbooks, as published at that time, were usually second and third editions of old works, and comparatively few books were written by American authors. The best literature of the day came from foreign sources. The *Maryland Medical Journal* soon surrounded itself with a number of young writers who contributed to its columns and laid the foundation for much work which they subsequently did. Among the earliest contributors to the *Maryland Medical Journal* were Profs. J. J. Chisolm, C. C. Chew, L. McLane Tiffany, I. E. Atkinson, Drs. Thomas R. Brown, O. J. Coskery, Richard McSherry and other men well known in the city and State at that time, most of whom have long since passed away. Among the younger men who contributed were Drs. E. F. Cordell, Randolph Winslow, R. B. Morrison, W. T. Councilman, W. B. Canfield, A. K. Bond, H. C. McSherry, G. H. Rohe, J. E. Michael and George J. Preston. Relinquishing the reins at this time, Dr. Ashby did not resume an active interest in medical journalism until March, 1905, when he started the *HOSPITAL BULLETIN OF THE UNIVERSITY OF MARYLAND*, which he edited until April 15, 1910, when he retired in favor of Dr. Nathan Winslow. During this entire period, owing to his innate modesty, he kept his name from the editorial pages. But here, as in the case of the *Maryland Medical Journal*, failure would have marked the project if it had not been for Dr. Ashby's unfailing optimism in the ultimate success of the undertaking. And now, after an existence of more than 11 years, the general scope, outline and characteristics of the *BULLETIN* have not been materially changed from the plan as outlined by its originator. Only recently one of the editors of the *Journal of the American Medical Association* said that it is the best journal of its character that he has seen. Besides his contributions to various medical journals, Dr. Ashby's pen has given issue to "A Textbook on Gynecology," "Life of Turner Ashby," "The Valley Campaign" and "Reminiscences of a Hurred Trip Through Europe."

Another project in which Dr. Ashby was a leading spirit was the founding of the Woman's Medical College. In 1882 a few of the younger men of Baltimore got together and formed the Woman's Medical College, thereby for the first

time making provision for the education of women in medicine in the South. In this school he filled the chair of obstetrics from 1882 to 1897. In 1889 he was called to the chair of diseases of women in the Baltimore Medical College, which he resigned in 1897 to accept the chair of professor of diseases of women in the University of Maryland, a position he still retains. Besides these activities, Dr. Ashby found time to devote to an ever-increasing gynecological practice. At the time of his graduation the Maryland Medical and Chirurgical Society of Maryland was at low ebb, but, taking hold of the reins and by indefatigable effort, he soon began to make it a force in the medical life of the State. As a result of these efforts he was elected to its presidency for the term of 1890-1891. He is an ex-president of the Baltimore Medical Association and of the Baltimore Gynecological and Obstetrical Society, a member of the American Medical Association, a fellow of the American College of Surgeons and a fellow of the American Gynecological Society. He is widely and well known as an editor, teacher and surgeon, and is regarded as a conservative, conscientious and industrious worker in his profession. He has devoted most of his attention to abdominal surgery, and is the first surgeon in Maryland to successfully operate for ruptured tubal pregnancy.

Why go into his personal characteristics? Every student who has sat under him from 1897 to the present day is fully aware of his cordiality. In fact, he has so endeared himself to each and every one by his unfailing courteousness, consideration and sweetness of disposition that we, one and all, familiarly and lovingly speak of him as "Uncle Tim"—yes, dear old "Uncle Tim," may he be spared to us for many years to come. This is the wish of every one of us. If there is any man singularly free from enemies, it is he; therefore I do not feel that I speak untruthfully when I offer this wish on behalf of his past and present students.

His has been a large part in the development of the University of Maryland, but he has always measured up to the occasion. Unselfishly he has labored toward the creation of a greater University of Maryland. Like all men who succeed best in life, he has been cheerful and hopeful, and goes about his business with a smile on his face and takes the changes and chances of this life like a man, facing rough and smooth alike as it comes, but always with a spirit of optimism.



DR. ASHBY AS HE IS TODAY.

# THE HOSPITAL BULLETIN

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Editor . . . . . NATHAN WINSLOW, M.D.

BALTIMORE, APRIL 15, 1916.

## THE HOSPITAL BULLETIN AND PROF. THOMAS A. ASHBY.

This is Volume XII, No. 2, of THE BULLETIN. It is dedicated to Prof. Thomas A. Ashby. This is a compliment to one who has peculiar claims on the publication, for it was he who organized THE HOSPITAL BULLETIN in 1905 for the purpose of publishing a monthly journal in the interest of the University of Maryland. From February, 1896, to May, 1898, we published a periodical known as *The University Bulletin*, which was discontinued on account of the Spanish-American War, when many of our men enlisted in the army and Prof. R. Dorsey Coale was commissioned colonel of the Fifth Maryland Infantry, U. S. Volunteers. For seven years there was no journal published by the Medical School, and it was felt that a serious loss had been sustained. In order to remedy this deficiency, Dr. Ashby undertook the publication of the present bulletin. The name HOSPITAL BULLETIN was adopted in order to emphasize the clinical features of the magazine and to utilize more extensively the rich clinical material of the University Hospital. Possibly a more appropriate name would have been The Bulletin of the University of Maryland, and it is probable that some such designation may become necessary in the near future. The object of THE BULLETIN was that it might be a medium of communication between the Medical School and our alumni, to keep them informed in regard to the affairs of their alma mater; to enable them to keep in touch with their teachers, classmates and friends; to give them

brief articles based upon the clinical work at the University Hospital, and to offer them an opportunity to contribute papers to the pages of THE BULLETIN and thus encourage them to observe accurately and to record their experiences. We believe that all of these objects have been attained, and that the publication has been a great constructive agency in the progress of the institution. For a number of years Dr. Ashby personally edited THE BULLETIN, though his name did not appear, but a multiplicity of other duties caused him to relinquish the work. He organized the enterprise, nurtured it in its infancy, and put it on a good foundation. It remains for us to build on this foundation and to make it still more useful and valuable to both the school and the alumni.

DR. THOMAS A. ASHBY.

It is appropriate that one's efforts in behalf of mankind be given recognition. With this idea in view the editor has collected from a number of Dr. Ashby's friends short sketches attesting their estimate of his service to man. Here in this vale of tears and tribulation most of us cannot expect riches, but each of us can do something toward making the journey through life easier for the benighted traveler.

In an analysis of the attributes of Dr. Ashby commending him to our love and admiration, those which arrest our attention are his unfailing courtesy and optimism. Under the most dire provocation he always keeps on an even keel, and no matter how discouraging the outlook, he never loses heart, but has a cheery word of encouragement. Though celebrated as a dextrous operator and an efficient teacher, posterity will remember him most as a *man*.

## THE DAVID STREETT MEMORIAL SCHOLARSHIP.

This fund increases but slowly. The only contribution received in March was one of \$5 from Dr. Kemper Willoughby of Auburn, N. Y.

## THE FACULTY OF PHYSIC FUND.

This fund is the pathological endowment fund, which by resolution of the faculty was devoted to the use of the department of pathology, several years ago. According to the report of Mr.



Charles Markell, treasurer, it now amounts to \$23,053.74. While still some distance from the \$100,000 desired, it is at least quite well started on the road.

REPORT OF CHARLES MARKELL, TREASURER.

ANNUAL MEETING, JANUARY 10, 1916.

*General Endowment Fund.*

Jan. 11, 1915, balance Central Savings Bank...	\$1,708 44
Jan. 1, 1916, interest Central Savings Bank...	62 35
Jan. 10, 1916, interest on bonds to date.....	375 00

Total..... \$2,145 79

Deduct:

July 1, 1915, paid premium treasurer's bond.....	\$12 50
July 1, 1915, paid Colonial Trust Co. box rent.....	5 00
	<hr/> 17 50

Jan. 10, 1915, balance Central Savings Bank.. \$2,128 29

This fund consists of:

1 \$500 University of Maryland Regents 5% Bond.....	\$ 500 00
1 \$1000 Georgia & Alabama 5% Bond.....	1,000 00
1 \$1000 Georgia, Carolina & Northern 5% Bond.....	1,000 00
1 \$1000 Omaha Council Bluffs R. & B. 5% Bond.....	1,000 00
2 \$500 City of Tacoma 5% Bonds.....	1,000 00
2 \$1000 St. Joseph Ry., Light, Heat & Power 5% Bonds.....	2,000 00
1 \$1000 Edison Electric Light Co. of Los Angeles 5% Bond.....	1,000 00
Balance Central Savings Bank Jan. 10, 1916...	2,128 29
	<hr/> \$9,628 29

*Faculty of Physic Fund.*

Jan. 11, 1915, balance Central Savings Bank..	\$6,382 92
Jan. 1, 1916, interest Central Savings Bank....	40 83
Jan. 10, 1916, subscriptions to date.....	158 00
Jan. 10, 1916, interest on bonds and notes to date.....	1,070 00

Total..... \$7,651 75

Deduct:

Feb. 9, 1915, bought two \$1000 Omaha & Council Bluff St. Ry. 5% Bonds at 97 and interest.....	\$1,950 56
Feb. 9, 1915, bought two \$1000 Cincinnati Gas Transp. Co. 5% Bonds at 98 and interest.....	1,870 56
Feb. 9, 1915, bought two \$1000 Cumberland County Power & Light Co. 5% Bonds at 97 and interest.....	1,883 89
Feb. 24, 1915, registration charges on above six bonds.....	3 00
	<hr/> 5,908 01

Jan. 10, 1916, balance Central Savings Bank.. \$1,743 74

This fund consists of:

3 \$500 Newburg Light, Heat & Power Co. 5% Bonds.....	\$1,500 00
1 \$1000 Georgia, Carolina & Northern 5% Bonds.....	1,000 00
4 \$500 University of Maryland Regents 5% Bonds.....	2,000 00
6 \$500 Faculty of Physics 5% Notes.....	3,000 00
1 \$1000 Anne Arundel County 4% Bond.....	1,000 00
1 \$1000 Public Service Corporation of New Jersey 5% Bond.....	1,000 00
1 \$1000 Minneapolis G. L. 1st Gen. Mortgage 5% Bond.....	1,000 00
1 \$1000 Edison Electric Co. of Los Angeles 5% Bond.....	1,000 00
1 \$1000 Minneapolis G. L. S. Fund 5% Bond..	1,000 00
1 \$1000 Fairmont & Clarksburg Traction 5% Bond.....	1,000 00
1 \$1000 Consolidated Gas Co. 4 1/2% Bond....	980 00
1 \$1000 Louisville Gas & Electric 6% Bond....	990 00
2 \$1000 Omaha & Council Bluffs St. Ry. 5 1/2% Bonds.....	1,940 00
2 \$1000 Cincinnati Gas Transportation Co. 5% Bonds.....	1 960 00
2 \$1000 Cumberland County Power & Light Co. 5% Bonds.....	1,940 00
Balance Central Savings Bank Jan. 10, 1916..	1,743 74

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\$23,053 74

*Leon Frank Fund.*

Jan. 11, 1915, balance Central Savings Bank...	\$102 51
Jan. 1, 1916, interest Central Savings Bank....	2 38
Jan. 10, 1916, interest on bonds to date.....	125 00
	<hr/> \$229 89

Deduct:

July 1, 1915, paid for scholarship.....	125 00
Jan. 10, 1916, balance Central Savings Bank..	\$104 89

This fund consists of:

1 \$500 Newburg L., H. & P. 5% Bond.....	\$ 500 00
1 \$1000 St. Joseph R. L. H. & P. 5% Bond....	1,000 00
1 \$1000 Omaha & Council Bluffs R. & B. 5% Bond.....	1,000 00
Balance Central Savings Bank Jan. 10, 1916..	104 89
	<hr/> \$2,604 89

*J. C. Hemmeter Fund.*

Jan. 11, 1915, balance Central Savings Bank..	\$1,157 05
Jan. 1, 1916, interest Central Savings Bank....	41 87
Jan. 10, 1916, interest on bonds and note to date.....	175 00
Jan. 10, 1916, balance Central Savings Bank...	\$1,373 92

This fund consists of:

1 \$1000 Chicago Railway 5% Bond.....	\$1,000 00
1 \$1000 Chicago City Railway 5% Bond.....	1,000 00
1 \$500 Faculty of Physic Note (5%).....	500 00
1 \$1000 Minneapolis S. Ry. & S. P. C. A. 5% Bond.....	1,000 00

Balance Central Savings Bank Jan. 10, 1916..	1,373 92
\$5000 Life Insurance Policy.	
Total.....	\$4,873 92

*Charles Frick Research Fund.*

Jan. 11, 1915, balance Central Savings Bank..	\$722 92
Jan. 1, 1916, interest Central Savings Bank....	25 20
Jan. 10, 1916, balance Central Savings Bank..	748 12

*Lowe Fund.*

Jan. 11, 1915, balance Central Savings Bank..	\$134 58
Jan. 1, 1916, interest Central Savings Bank....	4 55

Jan. 10, 1916, balance Central Savings Bank..	\$139 13
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*Charles M. Hitchcock Fund.*

Jan. 11, 1915, balance Central Savings Bank..	\$82 88
Jan. 1, 1916, interest Central Savings Bank....	4 11
Jan. 10, 1916, interest on bonds to date.....	250 00
	\$436 99

*Deduct:*

July 1, 1915, paid for scholarships.....	250 00
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Jan. 11, 1916, balance Central Savings Bank..	\$186 99
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*This fund consists of:*

10 \$500 University of Maryland Regents 5% Bonds.....	\$5,000 00
Balance Central Savings Bank Jan. 10, 1916..	186 99

\$5,186 99*Catherine Gibson Fund.*

Jan. 11, 1915, balance Central Savings Bank..	\$628 94
Jan. 1, 1916, interest Central Savings Bank....	22 31
Jan. 10, 1916, interest on bonds to date.....	50 00

Jan. 10, 1916, balance Central Savings Bank..	\$701 25
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*This fund consists of:*

2 \$500 University of Maryland Regents 5% Bonds.....	\$1,000 00
Balance Central Savings Bank Jan. 10, 1916..	701 25

\$1,701 25*Randolph Winslow Fund.*

Jan. 11, 1915, balance Central Savings Bank..	\$65 57
Jan. 1, 1916, interest Central Savings Bank....	1 09
Jan. 10, 1916, interest on bonds to date.....	125 00

*Deduct:*

July 1, 1915, paid for scholarship.....	125 00
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Jan. 11, 1916, balance Central Savings Bank..	\$66 66
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*This fund consists of:*

4 \$500 University of Maryland Regents 5% Bonds.....	\$2,000 00
1 \$500 Faculty of Physic 5% Note.....	500 00
Balance Central Savings Bank Jan. 10, 1916..	66 66

\$2,566 66*Pharmacy Fund.*

Jan. 11, 1915, balance Central Savings Bank..	\$17 21
Jan. 1, 1916, interest Central Savings Bank....	52

Balance Central Savings Bank Jan. 10, 1916..	\$17 73
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*Dental Fund.*

Jan. 11, 1915, balance Central Savings Bank..	\$5 16
Jan. 1, 1916, interest Central Savings Bank....	17

Jan. 10, 1916, balance Central Savings Bank..	\$5 33
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*Total Par or Book Value of All Funds.*

General Endowment Fund.....	\$ 9,628 29
Faculty of Physic Fund.....	23,053 74
Leon Frank Fund.....	2,604 89
J. C. Hemmeter Fund.....	4,873 92
Charles Frick Research Fund.....	748 12
Law Fund.....	139 13
Charles M. Hitchcock Fund.....	5,186 99
Catherine Gibson Fund.....	1,701 25
Randolph Winslow Fund.....	2,566 66
Pharmacy Fund.....	17 73
Dental Fund.....	5 33

Total.....\$50,526 05

## THE MEDICAL PROFESSION SHOULD DO THEIR PART IN THE PRE- PAREDNESS MOVEMENT.

Morally might makes right is not admissible, but, admissible or not, practically it does. The nation that is prepared, whether right or wrong, puts up a good fight and in most instances wins; for instance, Japan's victory over Russia. The aeroplane, automobile, submarine and swift cruisers and transports have so eliminated distance that the United States is not the isolated nation that it once was. Provided the American Navy was defeated, there would be no difficulty in an European nation placing a sufficient force on our shores to at least devastate and conquer the coastwise cities. Now, since a treaty is not worth the paper upon which it is written, it is the duty of every citizen to so prepare himself as to be available in time of stress, and if need be sacrifice himself upon the altar of his country. This brings up the question, How can the medical profession aid in this laudable cause? Each and every member should so prepare himself as to be of real service in the upheaval of war. We would also suggest that a course in military surgery be instituted in every medical school of the country. If this suggestion were followed, in the course of a very short time there would be a sufficient number of trained physicians to meet the unusual de-

mands placed on the medical service in time of war. Such a course could easily be added to the curriculum without placing much additional burden on the student. One lecture or practical demonstration of an hour a week would accomplish much in preventing wasteful loss of life during war. The student body could be organized into hospital companies, with their officers, etc., and, if thought advisable, attached to the National Guard of their respective States. Every educated man has a definite obligation to his country; the doctor is no exception. What do you think of the University of Maryland leading the way in this movement? Let us hear your opinion.

As this issue goes to press the following editorial in *The Lancet-Clinic* came to our notice. As it urges somewhat the same line of action, it is incorporated as a climax to what has been said:

"General Gorgas calls attention to the urgent need for the training of a great number of medical men along military medical lines.

He declares that 10,000 such trained medical officers are required, and that mere enrollment as members of the Army Medical Reserve Corps is not sufficient, but that they must each attend personally, each summer, one of the military medical training camps, where they may be instructed in practical field duty by surgeons of the United States Army, and that they must also participate in the correspondence study courses which are provided, where they may learn the details of administration and record work, and the minutiae of customs and of regulations.

"The University Medical Society of this city is working actively to provide Cincinnati's quota of this 10,000. Capt. J. D. Spelman, Dr. Eric A. Fennel and others of that organization are doing great work in bringing this important subject to the attention of the medical profession.

"Another important step should be the enrollment of the students of the medical, dental and pharmacy schools.

"These should all be active members of the field hospital company, and, if sufficient men are secured, an ambulance company should be organized in addition.

"A field hospital requires five officers and 57 enlisted men, and an ambulance company four officers and 60 enlisted men.

"Ohio State University at Columbus provides from these students complete companies at full strength, of both of these organizations, namely, Field Hospital No. 2 and Ambulance Company No. 2, and has a waiting list ready to instantly fill any vacancy.

"With proper encouragement by the faculty, teachers and the medical profession, the same

condition would prevail in Cincinnati, and that city would assume a better position in the front rank of medical progress.

"Service as enlisted men of the hospital corps is the best possible preparation for duty later as commissioned medical officers.

"Men who serve faithfully in the ranks, securing promotion through the grades of sergeant and sergeant first-class, learn the game thoroughly and easily, and will surely have the preference when commissions are handed out for medical officers, and they will get the posts of honor near the front.

"One evening a week for drills, lectures and instruction, and a summer camp of 12 days under direct supervision of medical officers of the United States Army is all that is required. All uniforms and equipment, identical with that used by the army, are supplied free. There is no expense for anything, and men are paid for attendance at weekly drills and the summer camp.

"This year the five Ohio sanitary companies will camp together again at Sparta, Wis., from June 20 to July 9. With them there will be two field hospitals and two ambulance companies of the United States Army, the entire camp comprising more than 500 officers and men of the medical department, the instructors being among the best of the medical officers of the army.

"Having present the full quota of wagons, ambulances, pack mules and riding horses, and the complete equipment of two army field hospitals, medical field maneuvers will be worked out upon a large scale, showing in full detail the field work of ambulance companies and field hospitals, the handling and transportation of wounded, organization of hospital work in the field, etc.

"Drills, instructions and lectures will cover all details of camping, cooking, care of animals, personal and camp hygiene and sanitation, purification of water supply, hospital organization and management, map sketching, signalling, record work, military customs and courtesies, physical examinations, etc.

"While it is a period of steady hard work six to eight hours every day, everyone enjoys it. Aside from the valuable lessons and experience gained, this camp away up north, with its bracing atmosphere and cool nights, is most delightful, and everyone wishes it could last a month, but Ohio must get out on time to allow Michigan, Indiana and Illinois to follow.

"To the students of medicine, dentistry and pharmacy and other such schools, the weekly drill is a happy relaxation, and the summer camp is a pleasant vacation, which gives new energy and vitality for the next winter's work.

"Whether done, therefore, as a duty in the interests of preparedness or taken as a relaxation from the steady grind of student life, enlistment in the hospital corps will be found to be both pleasant and valuable."



## ITEMS

Dr. C. L. Summers, class of 1887, of Winston-Salem, N. C., came in to see us a few days ago. He is specializing in pediatrics, and has built up a large practice.

Assistant Surgeon-General H. R. Carter of the United States Public Health Service, who was to have given a lecture to the medical students of the University of Maryland and College of Physicians and Surgeons on March 30, was unable to do so on account of illness. He has spent several years in tropical regions making an exhaustive study of yellow fever.

We are in receipt of a letter under date of March 20 from Dr. Robert Lawson Kennedy, class of 1910, who is located in Havana, Fla., in which he says that a few days prior to his writing us the whole business section of Havana burned down, with the exception of four firms. His office, which was in one of the drug stores, was burned, and all his instruments, furniture, including his operating table, books, pictures (class) and his diploma and hospital certificate. Owing to a bad attack of typhoid fever, he had to give up his practice for two years, and was just beginning to build up a good practice and get things around him when everything was lost in the fire. He wishes us to say that if any of the surgeons have any instruments that they are not using, he would appreciate very much their sending them to him. We are exceedingly sorry to learn that Dr. Kennedy has met with so many misfortunes, and trust that the future will hold a great deal of success and brightness for him.

Miss Sadie Davis, University Hospital Training School for Nurses, class of 1914, has been appointed superintendent of nurses of the surgical department of the Bayview Hospital.

Dr. Everett Le Compte Cook, class of 1914, who for the past two years has been resident at the Municipal Tuberculosis Hospital, will enter private practice soon.

Miss Mattie Coale, University Hospital Training School for Nurses, class of 1912, who has been a nurse in the Instructive Visiting Nurses' Association of Baltimore for four years, under the supervision of Miss Lent, has accepted the

position of superintendent of nurses of the Visiting Nurses' Association of Jacksonville, Fla. We all wish her much success.

Dr. and Mrs. Arthur M. Shipley gave an informal dance at their home, 1827 Eutaw Place, on March 14 for the graduating nurses and resident physicians of the University Hospital. The guests numbered about 50. A buffet supper was served late in the evening. Two of the residents sang.

The complimentary dinner which is to be given Prof. Randolph Winslow in commemoration of the completion of his twenty-fifth year as a member of the Major Faculty of the University of Maryland Medical School, will be held at the Hotel Belvedere on Monday, May 8, at 8.30 P. M.

Dr. Louis H. Douglass, class of 1911, desires to announce that after April 1, 1916, he will limit his practice to obstetrics, with offices at 12 York Court, Guilford, city. Phone, Homewood 856. He was formerly located at 4025 Greenmount avenue.

Dr. Edward N. Brush, professor of psychiatry, University of Maryland Medical School and College of Physicians and Surgeons, and superintendent of the Sheppard and Enoch Pratt Hospital, with Mrs. Brush attended the seventy-second annual meeting of the American Medico-Psychological Association at New Orleans, of which he is the president. The meeting was held April 4, 5 and 6. The president's address was delivered the first day. Dr. Brush addressed a meeting of various State mental hygiene societies in New Orleans on the 3d inst.

Dr. F. A. Sprague, B. M. C., class of 1906, is located at 5 South State street, Concord, N. H.

Dr. James H. Billingslea, class of 1864, of Westminster, Md., has been undergoing treatment for cataract at the Presbyterian Eye, Ear and Throat Hospital.

Dr. and Mrs. Frank Martin, who, since their marriage in Boston on March 1, have been established at Palm Beach, Fla., have arrived in Baltimore and are occupying Dr. Martin's town house at Cathedral and Eager streets. Mrs. Martin be-

fore her marriage was Miss Elizabeth Prescott Bigelow, daughter of Mrs. Prescott Bigelow, of Boston.

The twelfth annual banquet of the Beta Beta Chapter of the Phi Chi Fraternity of the University of Maryland was held recently in the Emerson Hotel. Dr. Ridgely B. Warfield was the toastmaster.

In an address before the quarterly meeting of the St. Vincent de Paul Society, held at the Catholic Club, 409 North Charles street, on March 13, Dr. J. J. Carroll, class of 1893, declared that steps should be taken to stop the spread of eye, ear, nose and throat diseases among children going to the schools.

The second annual conference of the Maryland Colored Public Health Association was held in Baltimore March 15 to 17. Dr. John D. Blake, Commissioner of Health, was one of the speakers.

Dr. John F. Spearman, College of Physicians and Surgeons, class of 1912, formerly of the staff at Mercy Hospital and now engaged in surgical work at that hospital and at the United States Marine Hospital, spoke before the members of the Medical Society of the University of Maryland and the College of Physicians and Surgeons. His address was illustrated with photographs and entitled "Incidents of Service with the American Red Cross in Europe." Other speakers at the meeting were Drs. E. F. Greutzner, Robert P. Bay, Harvey G. Beck and Standish McCleary. This program was planned for last month, but the committee in charge could not arrange it for that time. Dr. Albert H. Carroll is chairman and Dr. Alexius McGlannan is secretary.

According to the first biennial report of the board of managers of the Eastern Shore State Hospital of Maryland, Dr. Guy Steele, class of 1897, is one of the consultants.

Miss Lucy Squires, University Hospital Training School for Nurses, class of 1909, of Savannah, Ga., has been visiting friends in the city.

Dr. Charles W. Mitchell, who has been seriously ill with broncho-pneumonia, following an

attack of the grippe, is improving slowly. He has our best wishes for a speedy recovery.

Miss Lida Grey, University Hospital Training School for Nurses, class of 1897, who was operated on recently for appendicitis, is making a nice convalescence.

Dr. Herbert M. Foster, class of 1910, has moved from 1010 Peachtree street, Atlanta, Ga., to Chestnut avenue and 33d street, Baltimore, Maryland.

Dr. Lunn J. Putman, class of 1909, formerly of Shenandoah, Ia., has moved to 123 Majestic Apartments, Omaha, Neb.

Dr. N. Moreland Owensby, class of 1904, of 1815 N. Charles street, has been given a commission in the Medical Corps of the Maryland National Guard and ordered to report to Major Robert P. Bay, chief surgeon of the First Brigade. The appointment was made on the recommendation of Major Bay.

On the evening of March 15, Dr. John C. Hemmeter entertained 40 members of the senior medical class of the University of Maryland and College of Physicians and Surgeons at his home, 739 University Parkway. Addresses were made by Dr. J. M. H. Rowland and Dr. Julius Hofmann, and instrumental and vocal selections were given by Dr. Hemmeter, Dr. B. Merrill Hopkinson, Miss Clara Harker and Mrs. Margaret Klein of Montreal, Canada. Refreshments were served in the conservatory.

Dr. Thomas A. Ashby, who has been very ill at his home, is now a regular and frequent visitor to the hospital. We are delighted to learn that he is getting better.

Dr. E. Howard Tonolla, class of 1915, left the University Hospital April 1 to accept a position at Gouveneur Hospital, in New York.

Among the recent visitors to the hospital were Drs. John T. McKee, class of 1907, of Raleigh, N. C.; Guy P. Asper, class of 1903, of Chambersburg, Pa.; D. B. Moffitt, class of 1915, now connected with the Episcopal Hospital, Washington, D. C.; S. Harry Greenburg, class of 1915, of

Los Angeles, Cal.; W. H. Smithson, class of 1905, of New Park, Pa., and Nelson Osborn, class of 1909, of Martinsburg, W. Va.

We have been definitely informed that some of the residents have hit the "sawdust trail."

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"SAP AND CORYZA."

There's the sap that's in the sapling  
And most every wooden thing,  
That brings the buds and blossoms  
And the flowers of the spring.  
There's the sap that's in the orchard  
For the suckers and the jays,  
And there's the sap that's in the sap-head,  
For which Mr. Sunday plays.  
There was some sap in me,  
But it's all a-comin' out,  
And 'less the Good Lord stops it,  
I'm afraid I'll never sprout.

ALFRED MORDECAI, M.D. (Class of 1914),  
Blowing Rock, N. C.

Through the courtesy of the American Medical Association and the respective publishers, four additional journals have been added to our file—*Archives of Pediatrics*, *American Journal of the Diseases of Children*, *Journal (The) of Laboratory and Clinical Medicine*, *Dental Summary (The)*.

Members of the medical faculty and the alumni of the University of Maryland, the former Baltimore Medical College and the former College of Physicians and Surgeons are requested to send to the library reprints of their original work in medicine, surgery, etc. These reprints are permanently kept as an important part of our valuable collection.

According to the annual report of the Medical Department of the United Fruit Co. for 1915, Dr. I. W. McLean, University of Maryland, is superintendent of the Medical Department at Bocas del Toro, Panama. Dr. Miguel Buch, University of Maryland, is District Medical Officer at Saetia, Cuba, and Dr. J. F. Morel, College of Physicians and Surgeons, is surgeon to the steamer Santa Marta.

Miss Florence Skinner, University Hospital Training School for Nurses, class of 1915, is con-

fined to her home with scarlet fever. She has our best wishes for a speedy recovery.

Miss Lillian McDaniel, University Hospital Training School for Nurses, class of 1915, who was operated on at the Kernan Hospital, Hillsdale, for appendicitis, is able to be out again.

Mr. A. S. Lowsley, class of 1916, has been appointed to a two-year surgical internship in the Methodist Episcopal Hospital, Brooklyn, N. Y.

Dr. William P. Caton, class of 1896, of Accotink, Va., was a recent visitor to the University Hospital. He was warmly greeted by a number of old friends.

Recent gifts to the Medical Library include 26 fine books on various subjects from Messrs. Lea & Febiger, publishers, and *Collectanea Jacobi*, edited by Dr. William J. Robinson, in eight volumes, and one through the courtesy of Sir William Osler.

Dr. Bascom L. Wilson, class of 1915, who has been visiting the hospital for a few days, is resident at the Old Soldiers' Home Hospital in Washington, D. C. His work is very varied.

Dr. Charles C. Habliston, class of 1914, was on a visit to Baltimore lately. He is at present resident at the Cleveland Municipal Tuberculosis Hospital at Warrenville, O., where he is doing good work. He has been induced to stay another year.

We are pleased to announce that Dr. Frank W. Keating, class of 1896, superintendent of the Maryland Training School for Feeble-Minded Children, Owings Mills, Md., who was operated on recently for gall-stones and chronic appendicitis at the University Hospital, is rapidly convalescing.

Others who visited us recently were Drs. E. A. Livingston, class of 1912, of Gibson, N. C.; J. S. Webster, class of 1896, of Hancock, Md.; J. Nelson Osborn, class of 1909, of Martinsburg, W. Va.; H. D. Dudley, class of 1901, of Church Hill, Md.; E. M. Bush, class of 1896, of Hampstead, Md.; W. W. L. Cissel, class of 1886, of



Highland, Md.; T. H. Legg, class of 1907, of Union Bridge, Md., and Ralph Dees, class of 1906, of Greensboro, N. C.

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### ENGAGEMENT

The engagement is announced of Dr. M. L. Lichtenberg, class of 1912, for several years resident physician of the University Hospital, now practicing at 1638 N. Monroe street, to Miss S. S. Sagner of 2555 McCulloh street. Dr. Lichtenberg has done much and varied work in the different specialties, and great things are expected of him, his friends believing that he will be very successful. THE BULLETIN extends its congratulations.

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### BIRTHS

To Dr. Norbert Charles Nitsch, class of 1913, and Mrs. Nitch, of Baltimore, Md., in March, 1916, a son—Norbert Charles Nitsch, Jr.

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### MARRIAGES

Dr. Arthur L. Fehsenfeld, class of 1909, to Miss Doris V. Thomas, both of Forest Park, city, at Forest Park, April 1, 1916. Only the families of the bride and bridegroom and a few intimate friends were present. Immediately after the ceremony Dr. and Mrs. Fehsenfeld left for a tour of the North.

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Dr. Grover Augustus Stem, class of 1912, of Westminster, Md., to Miss Irene Miller of Baltimore, Md., at Baltimore, in September, 1914.

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### DEATHS

Dr. Otho Magruder Muncaster, class of 1866, of Washington, D. C., died at his home in the Beacon Apartments on or about April 2, 1916, following a short illness, aged 73 years. For the past 45 years Dr. Muncaster has been practicing in Washington, and was in active practice until five days before his death.

He was born in Baltimore October 12, 1843, and was a descendant of Alexander Magruder, who came to Maryland from Scotland about 1635. Colonel Ninian Beall of Georgetown, a celebrated Indian fighter, was another ancestor.

Dr. Muncaster received his education at schools in Montgomery county, Maryland, and his medi-

cal education at the University of Maryland, followed by a special course of study at Long Island College, N. Y. Following graduation, he came to Washington and had practiced in that city ever since. In 1884 he went to Europe for special study, and remained there a year.

Dr. Muncaster paid especial attention to diseases of the throat, chest and ear, along with his general practice. He was a member of the Medical Society of the District and of the American Medical Association.

Dr. Muncaster married Miss Mary Nourse, daughter of Rev. Charles Nourse. Besides his wife, two daughters are living—Mrs. Philip Van Sickler, North Fork, Va., and Mrs. H. Southwell Brown of Falls Church, Va.

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Dr. George A. Strauss, Sr., College of Physicians and Surgeons, class of 1883, of 13 East Montgomery street, Baltimore, Md., died at his residence after a long illness from heart disease and dropsy April 5, 1916, aged 59 years. Dr. Strauss was not in active practice, having retired three years ago. He is survived by his widow and two sons.

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### BOOK REVIEWS

INTERNATIONAL CLINICS. Edited by Henry W. Cattell, A.M., M.D., Philadelphia. Volume III. Twenty-fifth series. Philadelphia and London: J. B. Lippincott Company. Cloth, \$2 net. 1915.

This issue of the International Clinics contains a wide resume of the work being done in diagnosis and treatment, pediatrics, borderline medicine and surgery. In order to obtain an epitome of the most recent advances in the above-mentioned realms of medicine, no better means could be found than the International Clinics. Here is to be found short sketches on "Gonorrhea: Its Complications and Sequelae"; "Ataxia: Report of Five Cases of Ataxia of Tabes, Treated by Dr. W. J. M. A. Maloney's Reduction Method, with Outline of Method Used"; "Notes on Some Unusual Causes of Abdominal Pain," "The Venous Pulse as An Aid in the Diagnosis of Heart Disease," "Sanitation Among the Indians," "The Maligner," "The Surgery of Tonsils and Adenoids," etc. Can you find anywhere a more representative and diverse collection to select from?

# THE HOSPITAL BULLETIN

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Vol. XII

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No. 3



HIS issue of THE HOSPITAL BULLETIN is dedicated to the memory of Henry Chandler, class of 1882, and an associate in and head of the department of Roentgenology, University of Maryland. Though a comparatively recent addition to the Faculty of Physic, he had taught us to love him by his never-failing courtesy. From the very first day of his connection with the institution he made himself one of us. He was a foremost exponent of the art of Roentgenology and a recognized authority, not only in Maryland, but also throughout the country. He was an indefatigable and industrious investigator of those problems the solving of which devolved upon his department. Of a naturally cheerful disposition, he imbued those around him to better efforts. One of God's chosen disciples has been taken from us; may these few lines serve to perpetuate his memory.

## SOME RECENT BRONCHOSCOPIC AND ESOPHAGEAL CASES.\*

By RICHARD H. JOHNSTON, M.D.,  
Baltimore, Md.

Eighteen years have passed since Killian demonstrated that a foreign body could be safely removed from a bronchus through a tube introduced between the vocal cords. It is interesting to trace the growth of bronchoscopy since that time. At the end of 1897 only five cases of successful foreign body extraction had been reported. Up to 1901 the number had reached 19; in 1904, 36; in 1906, 137; in 1907, 165; in 1909, 394, and in 1911, 595. I have not been able to get accurate statistics for the last four years, but it is safe to assume that successful extractions now number considerably more than 1000. Killian's demonstration must be regarded as one of the great epochs in surgery, for it has been the means of saving many lives. To prove this I must again ask your attention to statistics of foreign bodies before the introduction of the bronchoscope. Weist, in the study of 1000 cases, advised that, unless dangerous symptoms supervened, foreign bodies impacted in the trachea or bronchi should not be operated on, and that the surgeon should wait for spontaneous expulsion which occurred by coughing up, according to statistics of Preobraschski and Pohl in 218 cases out of 1004, i. e., 20.5 per cent. According to Tuffier, up to 1897, out of 11 cases of pneumonia due to foreign bodies, the supposed foreign body was on 10 occasions not discovered; in four cases the operation resulted in death. Kurewsky, in 1903, out of 14 cases of thoracotomy for foreign bodies, could point to only two successes.

The mortality from inhaled foreign bodies was formerly large. Among untreated cases more than 770 deaths were reported—52 per cent. As this number refers only to acute cases and does not include patients dying from lung complications due to the presence of foreign bodies, the mortality must be increased considerably. Now let us compare these figures with the bronchoscopic period from 1900 to the beginning of 1909. Though in the early days of bronchoscopy instruments were imperfect and operators not skilled, von Eicken shows in a series of 300 cases

a very important decrease in mortality as compared with former times, viz., 13.1 per cent. as against 52 per cent. For 1909 and 1910 statistics collected by Kahler showed 291 cases with 27 fatalities—9.6 per cent. The extraction of the foreign body was successful in all except 11 per cent. of cases. Not a single death among the 27 could be attributed to the method itself. Among the 291 cases there were only 4.5 per cent. of failures. It must be said that among the 27 fatalities were patients who died from the effects of the long duration of the foreign body after the object itself had been extracted. No better argument of the value of bronchoscopy could be advanced than a study of the above statistics.

With these preliminary remarks I come now to the real object of this paper, which is a description of certain methods of examination which tend to simplify direct laryngoscopy, bronchoscopy and esophagoscopy. The mere recital of foreign bodies removed from the bronchi and esophagus is no longer of special interest to the laryngologist. What is needed is the simplification of instruments and methods of examination which will enable all throat specialists to work successfully in these regions. The cases which I will report will be used to illustrate certain methods of holding the patient's head and of passing instruments which make direct laryngoscopy, bronchoscopy and esophagoscopy so easy that any laryngologist with a few weeks' practice can use them successfully.

For a number of years after Killian's demonstration the only method of holding the patient's head for passing straight tubes was almost complete extension in the sitting or the supine position. In Jackson's book on Tracheo-Bronchoscopy, published in 1906, one is struck with the extended position of the head recommended for direct laryngoscopy. In 1908 Mosher introduced his "left lateral route," which consisted in turning the patient's head until the left cheek almost touched the plane of the table and then flexing the head on the chest. The operator sat at the left of the table and introduced the special spatula between the left bicuspid teeth. The tongue was pushed to one side and the epiglottis lifted, exposing the larynx. By pushing the spatula farther down the upper end of the esophagus was opened, giving a good view to the clavicle. The method was used always under general anesthesia and was difficult to learn, so it never became pop-

\*Read by invitation before the New York Academy of Medicine, Section on Laryngology, November 16, 1915.



ular. In July of the same year, following Mosher's lead, I tried exposing the larynx with the head on the table slightly flexed. I afterwards modified the position of the head so that it lay straight on the table without flexion or extension. In extension the head is always brought over the end of the table and a special assistant holds it in the proper position for successful work. In the Boyce position, used by Jackson, the head and shoulders are brought over the end of the table, which must be high if the operator is not to occupy a cramped position on a low stool. The straight position with the head on the table has been so satisfactory that since 1908 I have used no other in direct laryngoscopy, in passing the bronchoscope, in examining the upper end of the esophagus in children, and even in the removal of certain foreign bodies in the esophagus and trachea. When the method was first introduced some laryngologists claimed that it was not possible to see around a curve with a straight tube; the answer is that in children's throats the tissues are yielding and the right angle formed by the mouth and throat can be easily made straight by manipulating the laryngoscope. In bronchoscopy and esophagoscopy extension of the head was always used until it was demonstrated that the straight position was simpler for passing the bronchoscope and for examining the upper end of the esophagus. In the cases to be reported I will show that, under certain circumstances, the entire trachea and esophagus can be examined with the patient's head straight on the table.

After my success with the straight position in direct laryngoscopy, it occurred to me that by elevating the patient's body and head the bronchoscope could be passed with the head straight; then, if necessary, the pillow supporting the head could be removed and the head allowed to drop to the plane of the table, so that the bronchoscope could be passed into a bronchus without dropping the head over the end of the table, thus doing away with the necessity of having an assistant to hold the head in a certain position. The first experiments with straight bronchoscopy worked well, and for five years I have used no other method for passing the bronchoscope in adults and older children. The method is simpler than bronchoscopy in extension, and possesses the advantage that trained assistants are not needed. The head of the patient does not leave the table. In straight bronchoscopy the operator either

stands at the left or sits at the head of the table. The anesthetist controls the movements of the head. In younger children the straight position is used without anesthesia of any kind. I have explained the positions at some length and have compared them with extension because I shall refer to them exclusively in the case reports.

The first patient was a little girl, 23 months old, from a town in Pennsylvania, referred to me by Dr. Demarco with the history of having aspirated a watermelon seed. Two days before I saw her, while eating watermelon, her mother observed that she suddenly choked and had a severe paroxysm of coughing, during which she became cyanotic. After the paroxysm she quieted down, but coughed occasionally; she seemed to have some difficulty in breathing. The temperature was slightly elevated and the pulse was accelerated. Examination of the chest revealed a flapping sound in the trachea which seemed to indicate that the foreign body was moving with inspiration and expiration. The patient was taken to the University Hospital and preparations made to remove the seed. The method of operation will be described in detail, because, so far as I know, it is the first time that a foreign body has been removed from the trachea with the head straight on the table. The child was wrapped securely and pinned in a sheet, so that arms and legs were practically immovable. She was then placed on the table in such a manner that the head reached to but did not extend over the end of the table. The head lay flat on the table, without a pillow; an assistant steadied the head while a nurse attended to the arms and legs. Standing at the left of the table, I passed my modification of Jackson's child speculum between the incisor teeth, pushed the tongue out of the way and exposed the larynx by pulling the epiglottis up. The seed could be seen in the trachea moving up and down with expiration and inspiration. I now passed Pfau's forceps between the vocal cords, seized the seed and removed it in a few seconds. The entire trachea to the bifurcation lay before us. No anesthetic was used. The little patient left the table unhurt and was taken home the same afternoon. I had never attempted the removal of a foreign body from the trachea with the head straight before. From this experience I believe that all flat foreign bodies too large to enter a bronchus can be removed from the trachea more quickly than with the head extended. In this

case I am sure the seed was removed in less time than it would have taken to get the head in proper position for extension. It is a difficult matter to hold the head of a struggling child over the end of the table, as I know from personal experience. But with the plane of the table as a point of support anyone can hold a child's head almost still.

The next case is one of great interest because of its unusual features. In July, 1914, I was asked to see M. C., 6 years old, with a history of hoarseness of 10 months' duration. The child was well nourished and seemed in good health except for a cough and the hoarseness. There was no difficulty in breathing. The family physician had seen her in September, 1913, in the beginning of her illness, and had been unable to find any cause for the symptoms. The patient had tonsils and adenoids, and these were removed in the hope of curing the throat. The symptoms persisted, and in March, 1914, she was taken to a specialist, who was unable to see the larynx with the mirror. He thought that perhaps multiple papillomata were causing the hoarseness, and instituted treatment accordingly. There was no improvement, and in July I was asked to examine the patient with the direct laryngoscope. As is my custom with children under 8 years old, I decided to make the examination without anesthesia of any kind. The girl was wrapped and pinned in a sheet and placed on the table with head straight and held in position by an assistant. Standing at the left of the table, I passed my modified Jackson laryngoscope and exposed the larynx. In the subglottic space, partly in the larynx and partly in the trachea, there was a grayish object, undoubtedly a foreign body. I should say, in passing, that as we entered the operating-room the father recalled that in September, 1913, the patient had swallowed an open safety pin. There could be no doubt that the pin was in the windpipe. The foreign body looked so inviting that I was tempted to try removal at once. I introduced Pfau's forceps and caught hold of the pin point, which was up. It was my intention to draw the pin up and to coax the body out. Unfortunately, the object was encrusted with salts and weakened by its long sojourn in the body, so that when I grasped the pin it snapped off and the body disappeared. To my chagrin the forceps brought out one-half of the pin. I decided to do nothing further at that sitting, but to rely on an X-ray picture to locate the pin, which proved to be in the left bronchial tube

in the seventh intercostal space. A few days later I passed the 5 mm. Jackson bronchoscope and located the head of the pin. It was my intention to grasp the pin itself because of the danger of possible penetration of the bronchial wall by pulling on the head. Unfortunately, I could not see the pin. By this time the bronchus was filled with blood and mucus, so I was forced to give up the examination. One week later the pin had passed down to the eighth intercostal space. Another attempt at removal failed. Each time chloroform was used as the anesthetic. The pin now passed rapidly downwards; two more attempts at removal were unsuccessful. I now decided to perform tracheotomy and to pass the short 5 mm. tube through the wound in a final attempt at removal. The patient stood the operation well, and at the end of a week was ready for the final ordeal. Under chloroform anesthesia Jackson's 5 mm. tracheoscope was passed through the tracheal wound into the left bronchial tube. To my amazement no trace of the pin could be seen, though the terminal bronchi came into view. While still asleep the patient was subjected to another X-ray picture, which showed the pin in the ninth interspace. I passed the tracheoscope the second time and carefully examined all the terminal bronchi. One of the anterior branches was closed by swelling of the membrane at the opening. I devoted my attention to this particular bronchus and requested the anesthetist to allow the patient to wake sufficiently to cough, which I knew would open the bronchus temporarily. When the cough came the bronchus opened and I saw the head of the pin. I now passed forceps through the tube and used them as a dilator to push the swollen membrane aside. It was then comparatively easy to grasp the head of the pin and to remove tube, forceps and pin together. The patient had some reaction, but was well enough to go home at the end of a week. She has since remained well. When the pin was removed it was placed on the table. When I picked it up a moment later the pin broke off close to the spiral. We were thankful that this happened outside of the trachea, for if it had broken during removal it would probably have passed down into the lung, with the death of the patient. This case is interesting for several reasons. First, the long sojourn of the pin in the body, which caused it to become brittle, increased the danger of removal and prevented my getting it at the first operation.



I was afraid to pull on the head for fear of puncturing the bronchial wall or of breaking the pin off. For these reasons I was anxious to grasp the broken pin; I was unable to do so because I could not see it. Second, the rapidity with which the pin traveled down was unusual, because the left bronchus in a child of six years is small, and it seems impossible for an open safety pine to pass into a terminal bronchus. Third, the extraction of the pin from the terminal bronchus was lucky rather than good management on my part. Fourth, the attempt to remove the pin from the subglottic space was bad judgment. I believe, though, that the attempt would have been successful if the pin had not been brittle. This case illustrates the difficulties with which one is liable to meet in tube work and proves that success in this branch of surgery depends not upon fixed rules, but upon the ingenuity of the operator.

The third case illustrates straight direct esophagoscopy. Since 1908 I have used the straight method for diagnosing diseased conditions and removing foreign bodies from the upper end of the esophagus in children without anesthesia. The position of the head and the instrument are the same as for direct laryngoscopy, and the examination is as easily made. In adults under general anesthesia the laryngoscope is passed with the head straight on the table. If, however, the entire esophagus is to be examined, I have heretofore dropped the head to the plane of the table and passed the esophagoscope in extension. In the case to be reported a foreign body was removed from below the clavicle with the head straight. I believe that the straight method will work with all flat objects, for the reason that they practically always lie in the posterior plane of the esophagus and the esophagoscope passed with the head in extension is liable to slip over or above the object, with the result that it is found with the greatest difficulty and after prolonged search. With the head straight all muscles are relaxed and the posterior wall of the esophagus is in clear view. The patient was a woman, 26 years old, who, while chewing her food, had the misfortune to break her hard rubber tooth plate into three pieces. The central or suction part disappeared down her throat. She consulted a physician, who made light of the accident and advised a dose of castor oil. The next morning difficulty in swallowing had increased, so she saw her family physician, who told her of the serious-

ness of the trouble and advised an X-ray picture. She did not accept the advice, but decided to wait a day or two. Two days later pain and temperature developed. She then had the picture made, which showed the plate in the esophagus below the clavicle. The accident happened Sunday morning. Thursday afternoon, under ether anesthesia, I examined the upper end of the esophagus and then passed the esophagoscope with the head in extension, with the result that I missed the foreign body. The next afternoon the patient was again etherized. I then proceeded to examine her as follows: The head was held straight on the table. Jackson's large separable speculum was used to expose the upper end of the esophagus. The 7 mm. bronchoscope, which has a pointed end, was passed through the speculum and easily slipped into the esophagus. I now found that the posterior esophageal wall was in plain view, and I had no difficulty in locating the plate, which was in the posterior plane of the esophagus. As an experiment I passed the esophagoscope over the plate and examined the esophagus all the way down to the cardia without extending the head. With forceps introduced through the bronchoscope I seized the plate and gradually coaxed it out. The patient left the hospital the next day.

The next case illustrates the danger of putting things in the mouth. A boy, 9 years old, placed a .32 caliber empty cartridge shell in his mouth, and when his teacher spoke to him swallowed it, with the result that he nearly choked. He became cyanotic and had a severe coughing spell. After a time he quieted down, but was so weak he had to be taken home. He continued to cough, and soon developed a high temperature. His breathing was interfered with. The parents, not realizing the seriousness of the case, did not call in a physician until 48 hours later. He advised immediate removal to the University Hospital. When I saw the boy his temperature was 104 degrees, pulse 140 and respiration rapid and labored. The respiratory murmur on the right side was markedly diminished. An X-ray picture showed the shell in the right bronchus with the open end up. At 8.30 o'clock that evening the boy was placed on the table, with head and body elevated on pillows. He was etherized and the 7 mm. bronchoscope passed with the head straight. The pillow under the head was then removed. The bronchoscope was quickly passed into the right bronchus with the exposure of the foreign body. Forceps



introduced through the tube grasped the shell, but each time slipped off. Finally a good hold was secured and shell, forceps and tube pulled out together. Just as the larynx was reached the foreign body was lost and the boy became cyanotic and stopped breathing. It looked as if his trachea would have to be opened, but a finger on the larynx pushed the shell down, after which breathing was quickly restored. The bronchoscope was again passed and the object found in its original position. The forceps again slipped, and it was some time before a hold was secured and the foreign body removed. The next morning the boy's temperature was 99 degrees, and pulse and respiration were lower. From this time recovery was uneventful.

In January, 1915, W. J., 16 years old, was referred to me by Dr. John Dunn of Richmond. His trouble was dyspnea, which had grown progressively worse for 10 months. Dr. Dunn had diagnosed a tumor of the trachea with the mirror. There was no difficulty in seeing a white mass at about the sixth tracheal ring with the mirror. The 7 mm. bronchoscope was passed under local anesthesia with the patient sitting and the tumor examined. It was irregular in shape and took up about half the space in the trachea. Forceps were introduced through the tube and the tumor removed as well as possible. Some days later an attempt to pass the bronchoscope under local anesthesia failed, as did other attempts. Fearing that all the tumor had not been removed, I performed tracheotomy under ether and examined the trachea through the wound with the 5 mm. tracheoscope. No trace of the tumor could be found. The tracheal wound was kept open and other examinations made, but always with the same result. I had evidently gotten all the tumor at the first operation under local anesthesia. Pathological examination showed a papilloma. It is too early to tell whether or not the tumor will return.

Recently I have had another opportunity to use straight bronchoscopy and esophagoscopy. The patient was a female, 62 years old, with a short, thick neck. Such subjects are considered difficult for any form of tube instrumentation. Because the patient was nervous and because of the extensive examination to be made for diagnostic purposes, it was thought better to administer ether. After anesthetization I passed the large Jackson laryngoscope and quickly exposed the larynx,

which was normal. I then passed the 9 mm. bronchoscope through the short tube between the vocal cords into the trachea. With an assistant holding the bronchoscope, I removed the laryngoscope and pushed the long tube into the right bronchus, exposing the terminal bronchi. All the time the head lay straight on the table; the exposure of the larynx, trachea and bronchus was perfect and more easily performed than with the head extended over the end of the table. From this experience with two patients I believe it is possible to do bronchoscopy under general anesthesia in some adults and older children with the head straight. The next step was the exposure of the upper end of the esophagus, which was done by pushing the large laryngeal speculum down behind the larynx and lifting it. The esophagus opened up for at least an inch and a half, and one could study it at leisure. The 7 mm. bronchoscope, which has a projecting end, was now pushed through the laryngoscope into the esophagus under the guidance of the eye. The walls of the esophagus were examined as the tube was pushed down. With surprising ease the tube passed down as far as it would go. A 10 mm. tube would have worked equally as well. Both esophageal examinations were made with the head straight on the table; larynx, trachea, bronchus and esophagus were seen by the doctors and nurses present. I feel now that straight bronchoscopy and esophagoscopy can be used successfully in many patients in whom formerly extension of the head over the end of the table would have been considered a necessity.

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#### MICHAEL SERVETUS, DISCOVERER OF THE PULMONARY CIRCULATION— HIS LIFE AND WORK.\*

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By JOHN C. HEMMETER, M.D., PHIL.D., SC.D.,  
LL.D.

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Estimated from the standpoint of our prevailing conceptions of evolution and heredity, the human being is to be regarded as the product of his environment. In proportion to the physical perfection of the environment, the richer its elements of geographical charm, beauty and healthfulness of climate, the more varied its range of accessible food products, in the same de-

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gree its human inhabitants should develop into a nobler type. As the high priest in Mozart's "Zauberflöte" idealizes the thought in song:

"In diesen heiligen Hallen  
Kennt man die Rache nicht  
Und ist ein Mensch gefallen  
Ruft Liebe Ihn zur Pflicht."

The human being may be assumed to develop a purer and more admirable form of physical and psychical excellence in accordance with the natural conditions that surround him. Yet the physical universe, even when revealed in its most lovely aspects, does not always tend to the ennobling and elevating of those who are constantly exposed to its power. Despite its grace of outline, the rapture that abides among its lonely hills, its misty mountain tops, the dawning sun that furrows all the orient into gold, "while every prospect pleases," man retains his original vileness:

"Die Welt ist zufrieden überall;  
Wo der Mensch nicht hinkommt mit  
seiner Qual."

Among the master works of the Divine Artist, the Lake of Geneva assumes a foremost place. From every point of view, geographical, historical, literary, its shores are rich in complex memories and associations, tracing back for more than 20 centuries to the time described by Julius Caesar when he met the Helvetian host at the bridge over the Rhone, and broadening through the slowly forming ages until we reach the periods forever linked with the names of Calvin, Knox, Servetus, Voltaire, Rousseau, Gibbon, Madame de Stael, Byron, Ruskin. Mt. Blanc looks down from the region of Savoy and its evening glow lights up the lake with a brilliance that neither art nor language has been able to portray. Yet it was in Geneva that there was enacted one of the most deplorable tragedies that have darkened the annals of the modern world—the death of Michael Servetus at the stake on October 27, 1553.

Apart from the sphere of the scientist and the student of theological development, the name of Michael Servetus is almost unknown to our contemporary world, and when introduced, save in the esoteric circle of the medical investigator, it is suggestive only as an echo of a vanished age. Yet no name in the long record of scientific evolution is more worthy to be rescued from the

oblivion which has enveloped it and to be brought into the clear light of our modern day. Servetus may be regarded as marking one of those distinctive processes or advances by whose agency or activity science in all her phrases "slowly broadens down from precedent to precedent." The range of his acquirements seems to have embraced every form of learning in his age accessible or available. In a measure, at least, he had realized the ideal of Francis Bacon and taken all human knowledge as his province. In the field of medicine he revealed a creative power which heralded the coming of the modern era; his skill in polemic theology was unsurpassed—subtle, acute, penetrating; and with these rare qualities of intellect was blended the charm of a noble and generous spirit. Yet with all these graces of heart and intellect he became the victim of the prevailing bigotry and intolerance which characterized every form of religious thought, Catholic or Protestant, and through the resistless power of Calvin, the political as well as the theological autocrat of Geneva, he suffered death at the stake.

Now that the Reformed Churches of France and Switzerland have erected at Champel, the scene of his martyrdom, an expiatory monument to the memory of Servetus and the people of Vienne<sup>1</sup> have perpetuated in marble or bronze their reverence for his genius and their commiseration for the tragedy of his death, the obligation becomes more imperative than ever to reveal the truth of his history; to dispel the errors and fabulous assertions with which passion and intolerance have obscured his fame, and to exhibit in abiding clearness the record of the scientific discoverer, the harbinger of the modern world in the field of medical exploration in relation to the circulation of the blood. To accomplish this purpose, we shall freely avail ourselves of the invaluable record of the Abbé d'Artigny, Canon of the Cathedral of St. Michael's at Vienne, who had also at his disposal, during the time that he was engaged in the preparation of his Memoirs, the archives of the archbishopric of Vienne, then preserved in complete condition. His statements, derived from so eminent a source, will hardly be called in question by the most skeptical inquirer or the most hostile student of the life of Servetus.

The most authentic accounts represent Servetus as having been born at Tudelle, in Navarre,

<sup>1</sup> Vienne in the Department Isère, France.

in 1511. The date is inferred from the reply which he made to his judges at Vienne in April, 1553, declaring himself at that time to be 42 years of age. The most accurate and trustworthy biographers represent him as having been born at Villanueva-on-Aragon, as at a later period he assumed, in accordance with the usage of former ages, the name of his birthplace, calling himself Michael de Villeneuve. When at a subsequent time he was reproached by Calvin for concealing his name, he justified himself upon the ground that he had assumed the name of his native city. Yet, when arraigned in Vienne, he declares to the judges that Tudelle is his native city. The discrepancy, however, is more in appearance than in reality, and can be explained upon the natural supposition that the ancestors of Servetus came originally from Villanueva and afterwards acquired a residence in Tudelle. During the age of Servetus and for centuries preceding, patronymics and local designations were used without the definite and precise significance characteristic of a later time, being modified or varied as changes of place or condition might render desirable or expedient. As the surname did not affect the issue of the trial, some such cause as we have suggested will present a plausible reason for the change. His real name, Servetus, was one that he deemed it prudent to conceal from motives of a nature such as readers of "The Antiquary" will readily recall. During the entire judicial procedure he is addressed as Michael de Villeneuve, the title he had assumed in France. Even within a comparatively recent period Coleridge and Poe, upon entering the military service, disguised their identity by the assumption of pseudonyms.

From early childhood Servetus displayed a rare intelligence and a marked fondness for the attainment of knowledge. So devoted was his application to study that at the age of 14 he had acquired the elements of Latin, Greek and Hebrew, also an accurate acquaintance with mathematics and the crude mechanical philosophy of the time, as well as the scholastic theology, then recognized in the universities of Europe as the embodiment and the vital essence of religious truth. The study of Holy Scripture and his mode of interpreting its teachings in reference to the Trinity was the specific cause that aroused the antagonism of Calvin and "marshalled him the way" to the stake at Champel. According to his biographers, the father of Servetus, who

was by profession a notary, sent him to Toulouse in order to devote himself to the study of law. The reputation of the ancient city for sanctity had gone out into all the medieval world, and the fame of its holiness was blazoned by the inscription placed over the vault which was reputed to contain the bones of seven of the twelve apostles, "*Non est in toto sanctior orbe locus.*" More than two centuries later than the time of Servetus this hallowed center of apostolic tradition became the scene of the Calas tragedy (1762), more atrocious in spirit and more ghastly in detail, if such be conceivable, than that enacted at Geneva in October, 1553. If the testimony of Servetus himself is to be accepted as trustworthy, he did not imbibe his heretical opinions in regard to the doctrine of the Trinity during his student days at Toulouse. His inoculation with this fatal heresy may be assigned with probability to a later period, and its origin traced to the influence of his sojourn in Italy, which brought him into contact with the prevailing theological tendencies of the country, notably at variance as they were with the orthodox or accepted interpretation of the mystery of the Trinity.

According to the declaration of Servetus, he entered the service of the Holy Roman Emperor, Charles V, of Germany (also King of Spain under the title of Charles I), at the age of 15 years, a circumstance which enables us to fix the year definitely as 1526, he having been born in 1511. He seems to have been associated in some capacity with the confessor of the Emperor, and was present when Charles was crowned at Bologna instead of Rome in 1530, assuming the title of King of Italy, as well as that of Emperor. That Servetus had been in Italy was known to his biographers, as he refers to it in the preface to the first edition of his "Ptolemy," but the contemporary political events with which he was associated by virtue of his relation to Charles V make it possible to fix the duration of his residence with at least approximate accuracy. Trinitarian heresies, among the earliest to reveal themselves in the development of theological dogma, were at this time rife in the cultured circles of Italy, now prostrate under the power of Charles V. The intellectual vigor of Servetus, as well as his critical acquaintance with the scholastic philosophy and the method of disputation prevailing in the universities, assured him a conspicuous place in the polemic combats of the time, when the dawning reforma-



tion and its novel teachings were the absorbing and almost exclusive theme. Luther had confronted Charles V at Worms only a few years preceding the coming of Servetus into Italy, and the thought of the world was concentrated with eager and ever-broadening interest upon the attitude and the innovations of the Monk of Wittenberg. In accordance with the law of evolution in the sphere of theology, the accepted doctrine of the Trinity was selected as one of the vital points to be assailed, and Servetus was chosen by general consent as the protagonist who was to deliver the first blow. Although a youth of 18, he had devoted himself to the preparation of his treatise, "*De Trinitatis Erroribus*," his relentless antagonist, Calvin, being at the time only 20. De Quintain, or Quintana, the confessor of Charles V, being called to Germany, Servetus accompanied him, it being understood, however, that he was to maintain an intimate relation with his Italian associates through the medium of correspondence.

The following year (1531) De Quintain, the confessor, died, and Servetus found himself without guide or monitor in the perilous realm of theological controversy. His great native force and energy of will revealed themselves in his determination to establish himself as a reformer—another aspect, it may have been, of that same creative and originitive spirit which assured him an abiding place among the harbingers and heralds of scientific discovery in the still broadening field of medical research. At Basle he held conference with Occolampadius, and at Strassburg he became involved in controversy with Capiton and Bucer, the latter one of the foremost lights of the expanding Protestant Reformation, the Trinity and the doctrine of consubstantiation being the special themes involved in the discussion. These two doctrines Servetus combated with the utmost tenacity, as well as acrimony, his violence so offending his adversaries that Bucer, though inclined to moderation and self-restraint, assailed him with the greatest vehemence, even going to such an extreme as to declare that he "deserved to be cut into pieces and to have his entrails torn out" (*Lib. II*, pp. 56-60).

The first work of Servetus, entitled "*De Trinitatis Erroribus Libri Septem per Michaelum Servetum*," was published in 1531. He was at that time only 20 years of age. Newton was three years older when he first promulgated his theory

of gravitation. Bryant, Keats, Rossetti, Tennyson produced the early poems upon which their fame in a measure still abides between 18 and 20. In his first work Servetus assails the doctrine of the Trinity, characterizing the union of the three divine persons as a mere fantasy, a chimera, gods devised by the metaphysicians. The orthodox teaching was cast aside as irrational and impossible, having no foundation save in the ignorance of theologians. During the succeeding year (1532) he issued at Hagenau a second treatise relating to this subject, entitled "*De Alegoramunde Trinitate Libri Duo*," but being devoid of financial resources and having been expelled from the communion of the foremost reformed churches in Germany, he established himself in France. One of his special aims was to pursue the study of mathematics, but above all to devote himself to the science of medicine. With this end in view, he placed himself under the instruction of Sylvius and Fernel in the schools of Paris, attaining the degrees of Bachelor of Arts and Doctor of Medicine. For a time he occupied the chair of mathematics at the College of the Lombards, and in 1533 he was engaged in an active controversy with the Parisian Faculty of Medicine, the Dean and Faculty of Medicine having objected to the teaching of Judicial Astrology or Divination.<sup>2</sup> The case was carried into the Parliament of Paris, a body whose functions were judicial, not legislative, as in the English acceptance of the term, the result being a complicated and prolonged legal process which disenchanted Servetus with the French metropolis and induced a change of residence.

We find Servetus first at Lyons in the capacity of proofreader for the publishing-house of Frelon Brothers, Mercière street, trading under the sign of Escu de Cologne. We find him later at Avignon. Thence he returned to Lyons, and finally established himself at Charlieu, where he practiced his profession for three years. At the end of that time he returned to Lyons, where, meeting Pierre Palmier, with whom he had come into contact during his Parisian days, he was urged by him to make his home in Vienne, and, acquiescing in the proposal, took up his residence in this historic city, at no great distance from the Archbishopal palace.

The frequent changes of place which mark the

<sup>2</sup> Duboulay: History of the University of Paris, Vol. VI; also, account of this Academic Trial in Osler's Article on *Servetus*, Johns Hopkins Hospital Bulletin, January, 1910.

life of Servetus may be attributed in a measure to the migratory tendencies of the medieval student and scholar. They were features of the intellectual life of the age. Traces of this vagrant character may be discerned in the drama of the Elizabethan era (see Hamlet, II, 2, "as the indifferent children of the earth"; also, the "terrae filii" of Jonson's "Alchemist"). In Vienne he might have passed his life in tranquillity, absorbed in the study of his profession, together with the congenial pursuit of literature as embodied in the fadeless types transmitted from the antique world, or in the novel forms, then blooming into vigorous and artistic expression under the auspicious guidance of the spirit of the Renaissance. He might have become a Sir Thomas Browne in the sixteenth century, or have been one of that rare and elect circle which mingled with Montaigne and read in their early freshness the essays which touched the thought of all Europe, fashioning the phraseology of Bacon, and contributing in at least one notable instance to the marvelous range and affluence of Shakespearean characterization. Yet no such propitious fate was in reserve for the young physician. The demon of theological controversy had entered in and assumed an inalienable possession. He had assailed the vital stronghold of the orthodox creed, and sooner or later the one issue was inevitable. Every opportunity that presented itself for the assertion of his heretical teachings was availed of with eagerness. He made frequent visits to Lyons, and in 1543, while in that city, he assumed charge of a folio edition of the Bible published by Hughes de la Poite, the preface to which, written by himself, contained an exposition of his views, with marginal notes which were regarded by Calvin as not merely irreverent, but as actually blasphemous in character. Servetus again assumed the local name, Villanovanus, and Calvin mentions that he received 500 livres from the publishers for the work. (Abbé d'Artigny, *Memoirs*, pp. 65-66.) Calvin, who had known Servetus during his life in Paris, where they were both students, corresponded with him under the pseudonym of Charles Desparville, through the agency of the publisher, John Frellon. Servetus, who was not unknown in Vienne by his designation of Villanovanus, incurred not only the resentment and disapproval, but the implacable hostility of the Swiss reformer, whose creed he had assailed at a vital point in language almost unqualified and untem-

pered in its nature. The correspondence came to a close in 1548, and Servetus addressed himself to the preparation of the work which assured his tragical fate at Champel.

To this book, known as "Christianismi Restitutio," he devoted four years, and it appeared on January 3, 1553, with no indication or suggestion of either author or publisher. The book having been declined by a Basle publisher (Marrinus, by name), Servetus entrusted it to Balthazar Amollet of Vienne and to Guillaume Guérault, his brother-in-law, manager of the firm. In this epoch-making work, Servetus presents and defends his ideal religion, tracing back to the traditions of the primitive Christian age, in whose life the historic imagination reveals a unity and harmony which was in large measure the creation of its own genius. Though lacking in definiteness of language and clearness of exposition, it may be regarded as the first well-defined attempt, at least in modern times, to enunciate the principles of the pantheistic philosophy, or the doctrine of a supreme being or intelligence pervading all nature, yet impersonal in essence and in character. Emil Saisset justly assigns Servetus a place among the foremost precursors of such later oracles of the Pantheistic creed as Spinoza, Schleiermacher and Strauss. In this notable work there is revealed, despite its occasional vagueness of language and its fantasies, a conception of historic method upon which, as its basis, all the scientific achievement of a later age rests, though it was hardly even dimly described by the explorers and researchers of the sixteenth century. From his day of dawn, it may be clearly assumed that he had been devotedly

"Nourishing a youth sublime,  
With the fairy tales of science,  
And the long result of time."

The fifth book of "Christianismi Restitutio" contains a passage in reference to the circulation of the blood, in which he announces a discovery that must assure his rank in the foremost files of scientific investigators. "La vie médicale" (August-September, 1905) has the following comment upon this incident, forever memorable in the annals of medicine: "The first savant who saw the defects of Galen's theory was the Spaniard, Michael Servetus, who in his 'Christianismi Restitutio' denied the permeability of the septum and affirmed that the blood of the right ventricle goes to the lungs, where, after becoming red, it passes from the pulmonary artery into the vein



of the same name." In this way, if the discovery of the greater circulation can be justly claimed by the English physiologist, William Harvey, 1615 being the date of its first announcement, and 1628 the time of its matured development, the discovery of the minor circulation must assuredly be attributed to Michael Servetus. Yet so late as 1669 the discovery of Servetus was ascribed to Lower (see R. Tigerstedt: *Zur Geschichte des Kleinen Kreislaufs, Ergebnisse d. Physiol.*, Jahrg. II, p. 533), who quotes Che- neaux and M. Roth as proving that Matheus Realdus Columbus discovered the lesser circulation and that Servetus never pursued the study of anatomy except for a short time at Paris under the guidance of Gunther.

At this point we introduce an English translation of that portion of the "Christianismi Restitutio" in which the views of Servetus in regard to the circulation are explicitly set forth:

In order properly to understand this condition of things it becomes necessary to know beforehand the substantial generation of the life spirit itself, which is composed of the inspired air and finest blood, nourished by the same (Genes. 2, 7). This life spirit has its origin in the left chamber of the heart, the lungs especially assisting in its generation. It is a delicate spirit breath, produced by the force of warmth, of clear (flavo) color, burning force and to a certain extent composed of a transparent foam formed out of pure blood and containing in its substance water, air and fire. It is generated by the admixture of the inspired air and the thinned blood furnished by the right chamber of the heart to the left. *This, however, does not take place through the middle wall of the heart, as has been hitherto supposed,*<sup>2</sup> but by an highly intricate mechanism the finely divided blood is conveyed by the right chamber of the heart by a *devious route through the lungs.*<sup>3</sup> The lungs prepare it for use by clarifying it and pass it from the arterial vein into the venous artery.<sup>4</sup> It is thus mixed with the inspired air in the venous artery itself and by expiration is again cleansed from soot (a fuligine).<sup>5</sup> Finally the whole mixture is drawn through diastole, serving (if I may be permitted to use the expression) as a suitable household utensil for the life-spirit.

That this preparation and assimilation takes place in the lungs is manifest by the extensive union and anastomosis of the arterial vein with the venous artery of the lung. This is confirmed by the striking size of the arterial vein, which could not have reached such dimensions and have sent the blood from the heart into the

lungs with such force by its own nutritive power, nor could the heart serve the lungs in a like manner, especially since in the embryo the lungs receive their nourishment from other sources. In that those membranes, or valves of the heart (in *membranulos illos seu valvulas cordis*) are not opened until the time of birth, as Galen has taught. For this reason the blood is poured out so profusely from the heart at that time to serve another purpose.

The lungs also send to the heart not only mere air, but such as is mixed with blood through the venous artery. The admixture therefore takes place in the lungs, not in the heart. There is not room enough in the right side of the heart to accomplish such great and thorough admixture as to render the blood clear red. Finally, the middle wall, which dispenses with vessels and other adjuncts, is not adapted for transmission and distribution, although a portion may transpire.<sup>7</sup> In the same complicated manner as occurs in the liver, where transmission takes place from the portal vein to the vena cava (a vena portæ ad venam cavam) on the part of the blood, so also happens in the lungs the transfer from the arterial vein to the venous artery on the part of the life spirit.<sup>8</sup> If one compares this with what Galen describes in Books 6 and 7 on the function of these parts, he will grasp the truths therefor, although Galen himself did not understand this (*ab ipso Galeno non animadversum*).

This life spirit is then carried from the left side of the heart by degrees into the arteries of the entire body, which, as they become smaller and narrower and extend upward, it becomes more diffused, especially in the plexiform tissues at the base of the brain (in *plexu reti-formi*), where it is transformed from mere life spirit into soul spirit, in so much as it here approaches the seat proper of the reasoning soul.

And now it is still more refined, elaborated and perfected by the finer vessels or capillary arteries (*capillari-bus arteriis*) which are found in the arterial plexuses (in *plexibus choroidibus*) and which contain the intellect itself (*ipsissimam mentem*). These plexuses penetrate the innermost portions of the brain and form a lining to the interior cerebral chambers, entwining and enclosing those vessels up to their origin in the nerves so that they are rendered capable to the sense of touch and motion. These vessels, by wonderful arrangement so finely constructed, are in reality end arteries, and follow the course or origin of the nerves through the coverings of the brain (*ministerium menengius*). This is a new form of vessels.

As the merging of the veins and arteries in the lungs forms a new set of vessels composed of vein and artery, so also the union of the artery and nerve<sup>9</sup> forms a new sort of vessel from the arterial membrane to the cerebral lining, so much the more in that the covering of the brain retains its structure even into the nerves<sup>10</sup> (*tunicas*).

<sup>2</sup> *Ut vulgo creditur.*

<sup>3</sup> The honor of this discovery of 1553 was credited to Lower in 1669.

<sup>4</sup> Namely, in its origin in the lungs, as will be seen later. Furthermore, that *arteria venosa* means the veins of the lungs (pulmon. veins) and *vena arteriosa* refers to the arteries (pulmon. art.) of the same needs no further explanation.

<sup>5</sup> A fuligine (from soot). This may be regarded as a purely orthologous difficulty, in that the word *fuligo* formerly had a different meaning (J. C. H.).

<sup>7</sup> *Licet aliquid residere possit*: A courtesy to Galen.

<sup>8</sup> "Spirit" and "Life Spirit" would here correspond to oxygen and oxygenated blood.

<sup>9</sup> If the terms "Nervos" and "Nervis" were here replaced by *venas* and *venis*, it would afford a more intelligent understanding of the subject. Anastomosis of the arteries and veins was spoken of above, and even now the extremely fine vessels are termed "capillary-arteries."



The entire first edition of this historic work was brought to Lyons. A part of it was placed on sale in the store of Pierre Merien, type-founder, near Notre Dame de Confort. Jean Frellon assumed charge of the rest. In virtue of the relations once existing between the author and Calvin, Frellon committed the fatal indiscretion of sending a copy of the newly issued treatise to the reformer. The contempt exhibited for himself and his writings, as well as the theological attitude revealed, aroused the implacable resentment of Calvin, and from that day the tragedy of Champel was a foregone result. The storm had been long gathering, for in February, 1546, Calvin had written to Farel, his co-reformer and devoted ally, that if his authority could still accomplish anything *he would never suffer him to leave there (Geneva) alive—* "vivum exire nunquam patiar."<sup>10</sup>

At this time Calvin had with him in Geneva a convert to his faith whose name was Guillaume Trie, and who was a native of Lyons. Trie maintained a systematic correspondence with Antoine Avneys, a relative of his, then living in Lyons, a loyal Catholic, who constantly and urgently appealed to Trie to return to his original belief. In February of this bodeful year (1553) Calvin requested Trie to write in his behalf to his kinsman a letter in which Servetus was described as one of the most dangerous of heretics, whether contemplated from the Catholic or Protestant point of view. The following copious extract will illustrate the character of the correspondence, and every utterance reveals the agency of the Swiss reformer:

With regard to doctrine and religion, he writes, although we enjoy greater liberty than you, nevertheless it shall not be permitted that the name of God be blasphemed, and that doctrines and bad principles be disseminated without being suppressed, and I can cite a flagrant example against you since it is necessary: namely, that they support among you a heretic who merits to be burned, wherever he goes. When I say a heretic, I mean a man who will be condemned by the Catholics, as well as by us, or at least he ought to be. For, though we are different in many things, we have this in common, that in one essence of God alone there are three persons, and that the Father has begotten his Son, who is eternal wisdom, before the beginning of time, and that he has had his eternal virtue, which is his Holy Ghost. Now, when a man says that the Trinity in which we believe is

a Cerberus and monster of Hell, and vomits forth every wickedness imaginable against every teaching of the Bible with regard to the birth of the Son of God, and derides vilely all that the divines have said concerning it, pray tell me what respect would you have for him? . . . . There is one, however, who will call Jesus Christ an idol, who will destroy all the foundations of faith, who will collect all the dreams of the ancient heretics, who will even condemn the baptism of infants, describing these as diabolical inventions; and this man will be held in favor by you and be approved as if he had been guilty of no wrong! Where is the zeal in which you exult? and where is the order of that beautiful hierarchy which you extol in such emphatic terms? The man that I am describing to you has been condemned by all the churches with which you are in accord. Yet you have even conceded him the privilege of publishing his books, so charged with blasphemies that I need make no further reference to them. The man I have portrayed is a Spaniard, by name Michael Servetus. At this time, however, he styles himself Villaneuve. His profession is that of a physician. For some time he has made his home in Lyons; he now resides in Vienne, where the book I have in mind was printed by an obscure creature named Balthazar Arnollet, who established a foundry in that city. That I may not seem to speak without evidence and with positive knowledge, I send you the first page of the work as a specific proof. You profess to believe that books which inculcate any teaching save the pure simplicity of the Holy Scriptures are contaminating, and if they are in conflict with the divine word, they are not to be tolerated among you. Yet, notwithstanding, you are nourishing in your own city a poison whose aim is the effacing of the Holy Scriptures and of every teaching you have received from Christ.

We have unfolded in this letter the first well-defined phase in the drama which attained its final stage in the autumn of this year (1553). The purpose of Calvin is foreshadowed with relentless clearness. The vision of the stake at Champel rises before the mental eye.

The Cardinal of Tournon, combining civil and ecclesiastical functions as Governor and Archbishop, had in his service at this time an inquisitor whom he had summoned from Rome, the monk Mathieu d'Ory (whose name is never recalled without a sensation of horror), who assumed the title of "Penitent of St. Siège," inquisitor in France and in Gaul. As Calvin had anticipated, the letter of Guillaume Trie and the pages from the work of Servetus were placed in his hands. With the assistance of Benoît Buatier, canon in the Church of Vienne, Archdeacon de la Tour, Camarier of St. Paul in Lyons, Vicar General of Monseigneur of Tournon, and his archbishopric in Lyons, they were rigidly scrutinized, and

<sup>10</sup> H. Tollin: Saint Vertunien De La Vau, Virchows Arch., 1885, C1, 360.

it was decided to report the result to the cardinal, who at the time was residing in a château at Roussillon. Bnatier left Lyons March 13, 1553, and called upon him in order to advise him of the result of the investigation. Louis Arzelier, supreme vicar of the Archbishopric of Vienne, was summoned to the château, and after a prolonged conference the two grand vicars were dispatched to Vienne with a letter containing the instructions of the cardinal to Mr. Maugiron, who, after being informed explicitly in regard to the intentions of the cardinal, sent for Antoine de la Court, sheriff of the city, with a view to instituting legal proceedings against Servetus, who, in official papers connected with the trial, is always described as Michael de Villeneuve. On March 10 his home was searched, but there was nothing brought to light that implicated him or created a suspicion of heretical teaching. The judges, impressed by the depositions made on the preceding evening before the official primate, Peyrollier, by the grand vicar and vicaire of Vienne, on the 17th sent for Guillaume Guérault, but were unable to elicit any information from him. The printers, upon being questioned separately, replied that among the books which they had printed for two years there had been none in octavo. When the proceedings were concluded, the judges summoned to appear before them the printers, compositors and servants of Arnollet, together with their wives and servants. They were enjoined not to disclose anything that had occurred, or to make known any point in reference to which they had been cross-examined, under penalty of being regarded and punished as heretics. On the day following, March 18, Arnollet, having returned from a visit to Toulouse, was subjected to cross-examination, and made denials, the same in character as those of his brother-in-law, Guérault. The judges, in a session held at the house of the archbishop, decided that sufficient evidence had not been produced to justify or warrant the making of an arrest.

On March 19 the archbishop summoned Mathieu d'Ory, the inquisitor, to Vienne. D'Ory advised the judges that, in order to secure sufficient evidence to lead to the conviction of Michael de Villeneuve, his treatise "*Christianismi Restitutio*" should be examined in its complete form and not in fragments or in passages detached from their context. To render this practicable, it was decided that the Sieur Arneys should communicate with his relative in Geneva

and obtain through his agency a copy of the treatise instead of specimens or illustrations, which were not sufficient to exhibit its genuine character. This measure being determined upon, the inquisitor returned to Lyons and dictated the letter which Arneys was to transmit to Guillaume Trie. Through his confidential agent Calvin replied March 26, sending a greater variety of documentary evidence than was requisite to assure the conviction of Servetus, as, for example, two dozen letters written by him during his controversy with the reformer in preceding years. The proof thus furnished was supplemented by another letter, received on March 31.

On April 4 the cardinal of Tournon, the archbishop of Vienne, Pierre Palmier, the two grand vicars, the inquisitor, several ecclesiastics and doctors of divinity assembled at the Roussillon château. The documents last received from Geneva, that, is, the two letters of Guillaume Trie, a copy of "*Christianismi Restitutio*" with marginal notes in the handwriting of Servetus, and more than 20 letters which he had addressed to Calvin, were subjected to examination. The charge of heresy was established beyond all question. Servetus was convicted upon his own testimony. By unanimous agreement the cardinal and archbishop proceeded to arrest Michael de Villeneuve, physician, and Balthazar Arnollet, publisher, and to require of them an account of their faith, as well as an answer to the charges and information laid against them.

When dinner had been finished the archbishop returned to Vienne in company with his grand vicar and communicated to the vice-bailiff the purpose of the cardinal. In order to prevent a discovery of the plan, it was determined that Servetus and Arnollet should be arrested simultaneously and consigned to different prisons. About 6 o'clock the grand vicar approached the house of Arnollet and directed him to produce the New Testament which he had printed. The publisher appeared, and was committed to the prison of the archbishopric. At the very same time the vice-bailiff (or his deputies) proceeded to the home of Maugiron, whom Servetus was attending in his professional capacity, and, advising him that there were several sick and wounded prisoners in the Royal Palace, requested him to come to their relief. Servetus replied that his duty as a physician, as well as his desire to minister to suffering, induced him to comply. They then proceeded to the Royal



Prison, and while Servetus was devoting himself to his patients, the deputy dispatched a messenger to the grand vicar requesting his presence. As soon as he arrived, Servetus was notified that certain charges and information, communicated to the Seigneur Cardinal de Tournon, had been laid against him, and that he was to remain a prisoner in the palace until the charges were answered or different instructions were received in reference to his case. He was then committed to Antoine Bouin, provost and jailer, with a special injunction to guard him rigidly, at the same time according him the consideration due to his rank and his professional character. He was allowed to retain his servant, Benoît Perrin, aged 15, who had been five years in his employ. (Memoirs, Abbé d'Artigny, p. 100.)

On the next day, April 5, the inquisitor, Mathiew d'Ory, came to assume charge of the proceedings involved in the examination of Servetus. The examination continued on the 6th, and soon after Servetus sent Perrin to the monastery of St. Pierre to ask for 1500 francs (\$300) which was due him at the Côte St. André, and the grand prieur, to whom the request had been presented, produced and paid him the amount. Almost immediately afterward the inquisitor prohibited Servetus from conversing with anyone save by special permission, and enjoined the severest vigilance upon the jailer to whose charge he had been committed. This rigorous treatment was an involuntary tribute to the generous and philanthropic spirit which was characteristic of Servetus and had won him troops of friends in every sphere of society. He had healed the vice-bailiff's only daughter of a dangerous malady; he had also restored the son of the governor, Louis de Maugiron, and during the desolating plague of 1543 he had devoted himself to the relief of the stricken. Naturally, the inquisitor feared that he might escape, and the result proved that his apprehensions were not unfounded.

On April 7 Servetus arose at 4 A. M. and asked the jailer, who was directing some work in his vineyard, for the use of the garden key. Mr. Bouin did not suspect his purpose, as Servetus very adroitly had robed himself in his nightcap and dressing gown, which concealed his accustoming clothing, his hat being hidden by the gown. He complied with his request, gave him the key, and proceeded with his superintendence of the workmen. As soon as they had advanced a suffi-

cient distance from him to justify his taking such a bold and daring measure, Servetus left his black velvet bonnet and furred dressing gown at the base of a tree, leaped from the terrace of the garden to the roof below, and from thence to the yard of the palace. He reached the gate of the bridge which spans the Rhone, an ancient landmark of the Roman occupation of Gaul, extending from Pichat Square to the tower of Philip VI of Valois, opposite St. Colombe, and hastened in the direction of Givois and Lyons, as was testified by a country girl whom he met on his route. Fortunately for Servetus, she was not examined until three days after she had encountered him. More than two hours passed before his escape was discovered. The wife of the jailer was the first to be informed, and in her despair "she gave way to every form of wild and frenzied action, such as tearing the hair, beating her servants, her children, the prisoners whom she chanced to meet, even incurring the danger of running over the adjoining roofs in her frantic eagerness to recapture the fugitive. She had been suddenly transformed into a maniac."

Every possible effort was made by those in authority to recapture Servetus. The gates of the city were closed and guarded during the night of that day and the day following. After proclamation by the trumpet a thorough and rigid search was made of all houses, including those in St. Colombe. The magistrates of Lyons and other neighboring cities in which it was possible that Servetus might have taken refuge were at once notified. They even investigated the financial condition of the escaped prisoner by application to the banks of Vienne; an inventory of his papers, furniture, and all his personal effects were placed in the hands of the local authorities (Abbé d'Artigny, Memoirs, p. 112). On the 2d of May the inquisitor brought to light, in a remote and lonely house, the two presses which had been used for the printing of "Christianismi Restitutio," and ascertained from Thomas Stratton, one of the employes, that he had forwarded on January 13, by order of Servetus, five packages of books to Pierre Merrin, a typesetter, living in Lyons near Notre Dame de Confort. The five packages were returned to Vienne on the 10th of May. The inquisitor prepared a synopsis of the principal errors contained in the work, with a view to emphasizing the effect of his censure or judgment by commenting upon passages detached or isolated from their context.



an effective mode of distorting their meaning and perverting the teaching of the author. By the coming of June, the investigation had been completed and the following verdict was formally rendered, the text being literally reproduced from the archives of the old archbishopric in Vienne:

We, having seen the documents of said heresies, also the letters and writings of said Villeneuve, addressed to Mr. John Calvin, preacher, at Geneva, and avowed by the said Villeneuve (the said Villeneuve admitting the fact), his answers, confessions and denials, the answers and other procedures, Balthazar, the printer, agreeing, certain packages and printed books under the title "Christianismi Restitutio," witnesses being examined to ascertain if the said Villeneuve had written and printed the said book at his expense, the reports of D. D.'s and other notable persons concerning the errors contained in the said book and letters, which errors and heresies are, moreover, made evident when read, documents concerning escapes from prisons, and proceedings to arrest the said Villeneuve; the collected testimony, the final conclusions of the attorney of the King Dauphin, and everything considered, we have declared that the said faults have been duly obtained, in profit of which we have estopped and estop the said Villeneuve from every plea and defense; we have declared and do declare him guilty of and convicted for the offenses and crimes attributed to him, for reparation of which we have condemned him and condemn him to pay a fine of one thousand livres currency to the King Dauphin; and to be, immediately after his arrest, taken on a tumbril with his books the next day from the market of the Royal Gate through the most populous and frequented streets and places as far as the market of this city, and then to the place called Chanève, and now St. Martin Square, there to be burned alive over a slow fire until his body is burned to ashes. Nevertheless, this sentence shall be executed upon his effigy, and with it shall burn the said books.

And since we have sentenced him and sentence him to pay expenses and costs, of which we reserve the assessment, we declare all his property confiscated for the benefit of the heir, the said costs and damages claimed on this property being first paid. De la Court, bailiff and Royal Judge, Giotel, Cavier, Rutod..... assessors.

The said sentence being delivered in open court before the said attorney of the King, we, the aforesaid, sitting in court in the Royal Palace in Vienne, the 17th of June, 1553, in the presence of Philbert Gollin..... and several other practitioners of Vienne, witnessing with the undersigned clerk of the Court, Chasalis.

On the same day, June 17, the sentence was executed in effigy, as is attested by the official report of Francis Barode, who carried it into effect, his statement having been prepared by the clerk of the court.

Our narrative now hastens to its climax. Servetus had escaped from the jaws of the Roman lion merely to be committed to the tender mercies of the relentless autocrat who dominated the civil as well as the ecclesiastical polity of Geneva. He had fled from Scylla only to be cast upon Charybdis. It may be assumed without intolerance of spirit or extravagance of language that the last state was at least not better than the first. He was arrested in Geneva on the 13th of August, while in attendance upon a religious service, and once in the hands of Calvin, the martyr's crown was a foregone result. His apparent purpose in passing through Geneva was to effect a return into Italy which, it may be supposed, still retained for him the charm that marked his early years (1523-1530) in the service of Charles V. There, too, he had absorbed those heterodox conceptions of the Trinity which heralded the way to the autumnal tragedy on the slopes of Champel.

The trial of Servetus, as conducted under the all-potent direction of Calvin, was a far more complex and prolonged judicial process than might be inferred from the ordinary accounts which have been transmitted to later ages. It extended from August 22 unto October 25, when sentence of death was pronounced against him. Nor was the autocrat and theocrat of Geneva suffered to bring his victim to the stake without vehement resistance from the party of the Libertines under the leadership of Perrin, which withstood with tenacious energy the intolerant sway and all-pervasive tyranny of Calvin, and embodied in its ranks the finest flowers of Genevan social culture, as well as the purest expression of its chivalric ideals. Encouraged and stimulated by the co-operation of so powerful a party, Servetus, who, in the earlier stages of the trial had borne himself with dignity and moderation, assumed a violent and denunciatory attitude with regard to his invincible antagonist. Yet it availed not, and despite all the efforts of Perrin, the sentence of death at the stake, pronounced on October 25, was carried into effect at 11 A. M. on the 27th.

The story of the long-drawn agony of Servetus in the flames, the rescue of his book, condemned to perish with him, his refusal to disavow his belief, even in the eye of death, his invocation with his fast-fleeting breath of the mercy and compassion of Christ, have all been

wrought into the historic consciousness of the ages that came after.

"He nothing common did, or mean,  
Upon that memorable scene,  
Nor called the gods with vulgar spite  
To vindicate his helpless right."

Yet in no sense can the discoverer of the lesser circulation assume rank among the martyrs to the spirit of scientific discovery. His physiological teaching seems to have been responsible for no part of the combined movement, Catholic and Protestant, that brought him to the stake. The demon of theological speculation had entered his soul and the demon of theological intolerance pursued him with its unique and unrelenting malignity until there remained no trace of Servetus in the world, save scattered ashes, a name from that time famous, and a mournful memory. In assailing the doctrine of the Trinity inculcated with invincible devotion by the whole Christian communion, he had left himself no sanctuary or asylum; his attitude was one of hopeless, irreclaimable isolation. To impugn the orthodox creed in this special phase of belief constituted an offense against both the civil and ecclesiastical code which involved grave consequences and placed the offender in a category not unlike that assigned to an anarchist or a dynamiter as contemplated from the viewpoint of our modern civilization. Sadducees and Pharisees, the society of Jesuits and the theocratic forces marshalled by Calvin, made common cause against their common enemy. The Catholics burned Servetus in effigy at Vienne; Calvin burned him in reality at Geneva. One was the prelude rehearsal, the other the ghastly tragedy.

In addition to his heretical attitude with reference to the Trinity, Servetus had been imbued with the teachings of the Anabaptists; he strenuously repudiated the doctrine of infant baptism, and was involved in the odium attaching to this widespread sect whose name was almost a symbol for licentiousness and disorder. Against the combined forces of Trinitarian orthodoxy, the attempts of the Libertines to pluck Servetus from the grasp of Calvin recoiled as vain and impotent.

A determining element in sealing the doom of Servetus was the critical condition of the Protestant reformation during the years contemporary with the final period of his activity, or,

to express it in other terms, the period which marked the middle of the sixteenth century. The outlook for Protestantism was dreary, it might be even hopeless. The Marian, or Roman Catholic, reaction in England dates from 1553; the Society of Jesus was undoing the work of the Reformers with seemingly resistless energy; Geneva was confronted on the one side by the Valois monarchy; to the north was the empire of Charles V; and Luther had been dead for seven years. The isolation of Calvin was almost complete; "a pillar steadfast in the storm," the last refuge and stronghold of the cause of Protestantism. The escape of Servetus would have implied a fatal weakness on the part of Calvin and his colleagues. The issue was not personal, not local—it was all-embracing in character, and in the result was involved the very life of the Protestant reformation.

That his scientific or physiological teachings were not introduced as an element of antagonism to Servetus reveals one of the most suggestive phases of his strangely dramatic and almost unique career. The question seems never to have been presented save as containing another form of heresy. The theological aspect of the controversy was the exclusive issue, for the oracle of Geneva, Calvin, despite his austerity of nature and inflexibly dogmatic temperament, was endowed with a sense of literary and scholarly appreciation that has won for him no inconspicuous rank in the records of linguistic evolution during the sixteenth century. He was not indifferent to the charm of science or hostile to its development. In marked contrast to the spirit which asserted itself at the time that William Harvey first announced his discovery (1615), he would not have condemned Servetus for his theory of the lesser circulation. Harvey incurred financial loss by the promulgation of his novel views, and it is said that they were not accepted by any physician beyond the age of 40. When they were given to the world in their matured form (1628), they appear to have gained favorable regard by slow degrees, and in 1633, when Giles Fletcher published his "Purple Island," the "thousand brooks," representing veins and arteries, were described in accordance with the ancient doctrine, in apparent ignorance of the discovery of Harvey.

The charge of plagiarism which has been suggested with regard to the scientific teaching of



Servetus<sup>11</sup> need not be dwelt upon here further than to say that it is groundless. His mind seems to have been marked by rare originality and creative power. A vein of mysticism and a touch of poetry reveal their influence in his style: the sensibility of his Spanish nature at times shines through the dialectic dreams and reveries of the work that attained its logical climax at the spot now designated by the monumental granite block (dedicated November 1, 1903) which constitutes the Expiatory Monument.

The strongly developed anti-dogmatic tendency of Servetus suggests many parallels and analogies in varying ages and under diverse historic conditions. Perhaps no one of them is presented in stronger light than Archbishop Whately, whose attitude in reference to the dogmas formulated by theologians exhibits a striking resemblance to that enunciated by the antagonist of the Swiss reformer. The execution of Servetus was regarded by the contemporary theological word as a vindication of truth and a triumph of righteousness. The entire Protestant communion approved the deed; the gentle Melancthon was especially emphatic in his expression of concurrence. In no sense did Calvin regret or repent his action. On the contrary, he acquired new strength and influence as the champion and vindicator of the Reformation against heresy. The Church of Rome could not longer exercise the sole prerogative of inflicting vengeance upon the enemies of the Gospel. Scandalized, as Gibbon naturally was more than two centuries later, by the burning of Servetus, it none the less remains an invincible truth that Calvin concretely represented the dominant religious ideals and the purest political aspirations attained by his own era.

It is a notable historical fact that the penalty of death for denying the doctrine of the Trinity was inflicted in Protestant England during the reign of James I (1611),<sup>12</sup> long after Calvin and Servetus had passed to their account, and that while the statutes which defined its character became gradually void and inoperative with the growth of a tolerant spirit, they were not formally repealed until a time that is strangely and suggestively near to our own era, with its tend-

ency toward anti-dogmatism, if not toward indifference and agnosticism—the negation of all definite or positive belief.

The Expiatory Monument, erected by the combined efforts of the Reformed Churches of France and Switzerland and dedicated with impressive ceremonies Sunday, November 1, 1903, occupies a position perhaps unique in the records of the Christian religion, if not in the annals of the world. Monuments have been reared by societies or representatives of ecclesiastical organizations, in order to embody in abiding form their expression of repentance and contrition, elicited by the consciousness of grievous wrong or atrocious persecution inflicted upon opposing faiths, or upon antagonizing systems and beliefs in the sphere of philosophy or in the province of political polemicism. The long-deferred confession came from the successors or representatives of the creeds which were involved in the act in its original intolerance. The attitude of the monument at Champel is one of complete isolation. It has no prototype or counterpart in all records. It was created by the co-operative efforts of those whose religious ancestors had wrought the deed of shame, by loyal successors of Calvin devotedly attached to the cardinal teachings of the Reformation of which he was the vital force, and which, in its critical moments, he plucked almost from the grasp of despair. The granite block is not merely distinguished from every other monument of which the ages hold record; it stands aloof even from the other monuments erected to perpetuate the genius and the achievements of Servetus. By no means the least of the claims to honor and renown which are the inalienable prerogative of the medical profession is the simple reminder that this phenomenal tribute of the modern spirit had its inspiration and its outcome in the life and labors of a physician. The motto of the city of Geneva, "*Post Tenebras Lux*," seems to reflect an undreamed of radiance of meaning, as we contemplate the massive granite hard by the Church of St. Peter, in which Calvin was accustomed to preach, and where his memory is still held in reverence, perhaps more discerning and rational in its nature, as the world with restless gravitation sweeps into the younger day

<sup>11</sup> This matter has been thoroughly investigated by the author in his "History of the Circulation of the Blood—Contributions of the Italian Anatomists, Psychologists, etc.," Johns Hopkins Bull., 1905, May, Vol. 16.

<sup>12</sup> The "Atheism" of Sir Walter Raleigh and the "Arianism" of John Milton and Sir Isaac Newton are suggestive to the student of science as well as to the student of literature.

"Doctrina sed vim promovet insitam,  
Rectique cultus pectora roborant;  
Utcunque defecere mores,  
Indecorant bene nata culpae."



## THE ALLEN TREATMENT OF DIABETES.\*

By JULIUS FRIEDENWALD, M.D.

The treatment of diabetes as devised by Allen was first carried out on dogs. It was observed that by destroying a portion of the pancreas, and then producing glycosuria, that this condition could be overcome by fasting and that the animal could then be placed on a diet, which would maintain life without producing glycosuria again. He applied this principle in the treatment of patients affected with diabetes. According to this plan, the patient is kept in bed and fasted until the glycosuria disappears, and perhaps for 24 to 48 hours longer. Water can be taken freely. With the fast the acidosis diminishes and often disappears. Inasmuch as alcohol does not produce glycosuria and has a tendency to decrease acidosis, it may be prescribed during the fast, especially if an acidosis is present. It is especially useful as a food, as it does not produce glycosuria. There is no contraindication to the use of alkalis if coma seems threatening, though even in this condition they are rarely needed. When the patient has been sugar free from 24 to 48 hours, he is placed on a diet of vegetables containing 5 per cent. carbohydrates. If sugar should again appear, another fast day should be prescribed. The original fast may last from three to eight days, but usually not over four days; after this the fast need not be longer than one day.

Starvation is well tolerated, and the patient loses flesh, and according to Allen a moderate loss of weight is of advantage to the patient. There are no contraindications to the fast, except perhaps nausea, vomiting and great prostration; if these symptoms supervene they can be overcome by feeding and then after a short period another fast can usually be undertaken without their reappearance.

After the urine is sugar free for one or two days, the carbohydrate tolerance of the patient is estimated. Vegetables containing 5 per cent. carbohydrates are first allowed. At first but 150 grams of these vegetables should be taken per day. In very severe cases, whenever the green vegetables cannot be tolerated by patients without producing glycosuria they should be boiled three

times with change of water, thus reducing their carbohydrate content nearly a half. The quantity of the 5 per cent. vegetables can be gradually increased to an amount to make 25 grams of carbohydrate, and then gradually up through the 10 per cent., 15 per cent. forms and the 5 per cent. and 10 per cent. fruits, and up to the 20 per cent. carbohydrate foods. The carbohydrate tolerance of the patient is estimated daily, and at the first appearance of the slightest trace of glycosuria the patient is again fasted and the vegetables of the 5 per cent. variety again given, and increased more slowly, but kept below the limit of tolerance.

On the day following that on which vegetables are first allowed (the urine remaining sugar free) the proteids are gradually added, beginning with 20 grams a day in the form of eggs and meat, and increased daily until the patient is receiving, according to Joslin, 1.5 grams of protein per kilogram of body weight. Fats have already been taken in small quantity with the proteids in the eggs and meats, and should be gradually increased. These are best given in the form of butter, cream and olive oil, but not more than 200 grams per day should be taken. It is quite as important to estimate the fat tolerance as that of the carbohydrates and proteids, for while there is no evidence whatsoever that sugar is produced by fat, there is no doubt but that glycosuria is very apt to supervene in severe cases of diabetes on the addition of quantities of fats, such as butter and olive oil.

In the event of the reappearance of glycosuria after the increase of the diet, starvation should again be resumed for a day or two until the sugar disappears, and the diet should be increased more gradually. It is also well to prescribe, especially in the severe forms of diabetes, starvation days once a week or once in ten days, while in the milder forms vegetable days will usually suffice.

Allen has also observed that exercise increases the tolerance of patients with diabetes, both for carbohydrates and proteins.

In the stronger patients the initial fast may be shortened by this method, and in other individuals exercise may be begun as soon as the glycosuria and acidosis have subsided. According to Allen, if glycosuria appears after the carbohydrates, proteins and fats have been added to the diet, it is often possible to overcome this condition by exercise, while continuing on the same diet. It is especially important to prescribe exercise imme-

\*Read at the meeting of the Baltimore County Medical Association, February 16, 1916.

diately after meals containing carbohydrates, which have a tendency to induce glycosuria, but exercise can be taken at any time. It is best to encourage short courses of severe exercise with periods of rest, rather than long continuous exercise, such as long walks, which may cause fatigue.

### SOUTH AFRICA.\*

By SAMUEL T. DARLING, M.D.,

*College of Physicians and Surgeons, Class of 1903.*

Editor's Note.—Col. W. C. Gorgas, Maj. R. E. Noble, and Dr. S. T. Darling, all members of the Medical Association of the Isthmian Canal Zone, were employed as a Commission by the Chamber of Mines, Johannesburg, South Africa, to investigate the high mortality occurring in the laborers in the Rand mines and to make a sanitary survey of that section of the country. They left for South Africa in October, 1913, and returned to the Isthmus in April, 1914.

The following is a stenographic report of Doctor Darling's description of the trip as given by him to the Medical Association several nights after his return.

There were so many interesting things connected with the trip that it will be hard to do anything more than touch the high places in speaking of them.

After spending several days in New York looking up data, we sailed for England, and had a very pleasant trip to Plymouth on the *Imperator*, and in this connection I would advise anyone who is the least bit subject to seasickness to take one of the large boats; the motion is so slow that you don't feel that sickening dropping sensation nearly so much as on the smaller steamers.

We left Southampton November 14, 1913, on a Union-Castle line boat for Cape Town, arriving there after a voyage of 17 days. We were all a little surprised at the topography and climate of South Africa, having supposed that it was more tropical than we actually found it to be. It is a high plateau from 4000 to 6000 feet above sea level and very suggestive of our arid Western States. We went from the Cape to southern Rhodesia, between latitudes 35 degrees south and 16 degrees south, and during the whole time experienced delightfully cool weather.

After spending about two days in the train and on the veldt, we arrived at Johannesburg, which we found to be a great industrial center, in marked contrast to the rest of South Africa. It is a large city, containing about 250,000 people, with tall buildings, tramways and electric lights everywhere. We began at once to orient ourselves, going down into the mines, meeting the mining people, visiting the hospitals, compounds

and surface workings, and learning as much as possible about the different types of natives as well as the conditions under which they lived and worked.

The mining district covers an extent of about 60 miles, and I suppose it can best be described by saying that the ore-bearing stratum is placed like an enormous saucer buried in the earth, with a thickness of 6 to 20 feet and a diameter of 100 miles or more. The center of the saucer is probably about 10,000 feet deep, with the gold-bearing margin coming to the surface as outcrops. All the old mines are on the outcrop, and the city of Johannesburg was built on the outcrop.

The reef dips downward from about 22 degrees to 30 degrees. They are now operating some mines at the outcrop, and other mines from shafts extending downward a distance of 4000 to 5000 feet. We went down to the 24th level, a depth of about 4000 feet, in one of the deepest mines. In the deeper mines the workings are on different levels; one goes down in a "skip," sometimes making the descent in a minute, sometimes taking 10 to 15 minutes. The sensation of giddiness and slight headache is experienced the same as it is in going down in a fast elevator.

The Rand, as the whole district is called, is a contraction of the old name given to it by the Dutch, the "Witwatersrand," or rim of white or clear waters. It is a high plateau dividing the watersheds of the rivers Limpopo, extending to the Pacific, and the Orange River, extending south and west to the Atlantic.

The laborers in the mines are both whites and blacks; the blacks are recruited from only south of latitude 22 degrees. Formerly they were recruited from points north of this, but those from the north proved so susceptible to disease that recruiting had to be stopped. They are all Bantus or Kaffirs, the latter term meaning "Non-believers," it having been given them by the Mohammedans of the East Coast; they are of all types, from the muscular, fighting Zulu, to the industrial M'tyopi type, the latter being adaptable for all classes of industrial work, working about farms, houses, and as domestics in the towns. They are said to come to the mines to get money to buy cows, with which to buy wives, for in that part of the world a man is not a man until he has three or four wives. Polygamy is widespread, and there is no difficulty in getting laborers. Since tribal warfare has been put down, males have in-

\*Reprinted from the Proceedings of the Medical Association of the Isthmian Canal Zone, Vol. VII, Part I.



creased in numbers and wives are relatively scarce.

The white miners are foremen and come chiefly from Cornwall; they have charge of gangs of from 20 to 40, and sometimes 50 or 60 Kaffirs. The work is drilling and lashing. Each miner handles a drill from 3 to 5 feet in length, and most of the drilling is done by hand, a very laborious and slow process. They are endeavoring to use electric and pneumatic drills more extensively in a number of the mines, but most of it is yet done by hand. The men go down in the early morning, from 5 to 6 A. M., taking a light meal beforehand of a little cocoa and bread, some taking a little cornmeal mush, and remain down all day, or until 3 or 4 in the afternoon. They do not get any dinner or food until they come back to the surface.

They live close by the mines in large compounds, usually in a single-story building made of bricks, stone or "dargar." The buildings are in the form of a hollow square open in the center; inside the inclosure the miners may cook their food, do their fighting, and must spend all their time except when they are actually at work. The rooms in the large compounds hold anywhere from 20 to 60 laborers, the bunks being usually in three tiers. The rooms of the older compounds are dark and poorly ventilated, but seemed to me more comfortable on a warm day than those of the newer compounds. In winter all windows and doors are kept closed for the sake of warmth. In the newer compounds there is more light and air. The chief objection to the compounds is that too many men are crowded into one room. It is not a question of ventilation or air space, but of close personal contact.

The food is of several kinds, differing slightly in each mine. In most mines they have a dietary consisting principally of cornmeal mush, boiled rice and beans, meat two or three times a week, with vegetables in the form of soup or stew. The dietary is excessively carbohydrate. The use of a fermented millet beer, "Kaffir beer," is common, as is also fermented cornmeal mush.

The Rand requires about 200,000 Kaffirs to carry on the work. In order to get this army of men they employ two large recruiting organizations, one recruiting from the south and the other from the north. The territory is divided into various recruiting districts. Men are forwarded from these to the main recruiting depots, from which they march across country to the

coast; from the coast they go down to Delagoa Bay in boats, and from there to Johannesburg by train. The men remain from six months to four or five years in the mines, and when they leave the mines they are sent home. It is one of the requirements of the Portuguese Government that all men recruited from their territory shall be returned to their homes.

The Kaffirs are very highly susceptible to the white man's diseases, particularly tuberculosis, pneumonia and cerebrospinal meningitis; so much so that the diseases begin to break out while the men are still in the recruiting camps. They first come into contact with the white man on the steamer and trains and in detention compounds when being recruited, and there begin to contract the diseases. Being in such close association one with another all the time, their beds, clothes, utensils, etc., all probably become contaminated, and the diseases spread rapidly. The laborers sent back to their homes, "repatriates," are housed in the large compounds with the new laborers, "recruits," who are being sent to the mines, and the "recruits" become infected with diseases from the infected "repatriates," particularly with the diseases mentioned above, tuberculosis, meningitis and pneumococcus infections, which spread rapidly under such favorable conditions.

Until recently when the laborers were brought to Johannesburg they were kept in detention compounds for three weeks, and began to die of pneumonia before they had started to work. In the past there have been epidemics of meningococcus meningitis from which the Kaffirs began to suffer before they entered the mine compounds and went to work.

There was more or less fluctuation in the mortality rates, at the same mine and among different mines. We found some mines where the rates were better than others, but this, so far as we could ascertain, was usually because the laborers had become immunized after being on the Rand for some time, or were naturally resistant survivors. The chief diseases encountered were pneumonia, tuberculosis, scurvy and miners' phthisis.

Pneumonia is a very serious disease there, because it takes men off chiefly during the first six months of their service; after six months pneumonia occupies a more normal place in the death rate, and this has been our experience here on the Isthmus. In 1905 and 1906, when we brought large numbers of laborers here from the West



Indies, pneumonia was practically epidemic. Now its place is "normal" among the death rates, and has been since 1908.

Tuberculosis is going to cause a great deal of trouble on the Rand. Many laborers contract tuberculosis within a few weeks after coming to the mines, and they may take the germs back with them to their homes and thus spread the disease. No attempt to delimit the diseases has been made on a large scale, and owing to conditions under which the Kaffirs live at present, not much can be done for it. It is going to take centuries of contact with the white man before a race of resistant Kaffirs is developed.

I found in the recruiting station, steamers, trains and in the mines and compounds conditions favorable for the spread of pneumonia and tuberculosis. One interesting feature in the mines, compounds, trains and steamers was the water tap from which they drank. In the mines there was only one tap on a level, and the thirsty Kaffirs would come to it in line, put their mouths directly to the tap and make no attempt to wash it off or use separate cups of any kind.

To most of us scurvy is simply a name; in South Africa, however, it is very prevalent and fatal. The autopsies showed horrible pathological conditions. Scurvy is a very remarkable disease. It is due undoubtedly to insufficiency of diet, and occurs among men who have been on the mine for three or four years as well as among the men new to the place. Every time we inquired into the history of a case we found it associated with a dietary deficiency. The disease occurs frequently in the dry season, when there is little meat and no fresh vegetables. After the disease once develops it is not amenable to treatment. It must be prevented.

Miners' phthisis is encountered frequently in many of the compounds, and chiefly at present among white men who have been on the mines 15 to 18 years. Quantities of the fine silicious dust are inhaled in the mines, which produce the pathological condition, very slowly and gradually, but very surely. The pleura thickens as well as the connective tissue stroma in the lungs until the breathing space is greatly reduced. Many alveoli are eventually completely obliterated, and death is due to air hunger. Dust in the mines is being successfully coped with by means of sprays and regulations relative to hours of blasting, etc.

Naturally there is a great deal of traumatism in carrying on the work in the mines, as the roofs,

or the "stropes," as they call them, unless well timbered, fall frequently. "First aid" treatment in the mines is effective. All the white miners receive training and practice in this, and periodical exhibitions are given in which men from one mine are pitted against those from another, and a great deal of friendly rivalry is shown. On each level of the mines there is a first aid emergency outfit. "Gassing" is common.

The mines are dotted all over the Rand, and each one has its own hospital. There is little or no centralization in the hospital work. A mine with 5000 laborers will have one doctor, one or two white attendants and some black orderlies. As soon as a Kaffir orderly has been on the job for a few weeks, he becomes friendly with the patients and begins to sell them liquor, then another has to be secured in his place. In South Africa selling liquor to natives is forbidden by law, and hospital attendants are said to be the principal offenders.

There is a lazaretto maintained by the health department to which all cases of syphilis and genitourinary diseases among Kaffirs found by the mine doctors or the doctors in the city are sent. The treatment for syphilis is mercurial inunction and injections of calomel oil emulsions. The doctor in charge administers salvarsan and neosalvarsan, and has made 9000 injections, with but one fatality.

The report containing the recommendations made by General Gorgas was, of course, confidential when submitted, but as the Chamber of Mines has since published it, I can mention some of its features. General Gorgas' report was turned in about two weeks before we left South Africa.

He recommended, among other things, scattering instead of bunching the men in compounds, and doing away with the present compound system. The laborers should be made to live in small huts, so that each man would have 50 feet of floor space, and there should be only four or five men to a hut. The huts should be built of stone or of home-made brick, of which there is plenty, and have thatched roofs.

In justice to the local doctors and various other men connected with the industry, it should be said that practically every recommendation had already been made by them in the past, but it required a man of wide experience and one eminently successful as a sanitarian to go there and make the mining authorities realize the import-

ance of the recommendations which had been made by their own men.

General Gorgas recommended better food. The men work harder than soldiers, but their diet is much poorer. Antityphoid vaccination was also recommended. I saw three cases at autopsy. There are somewhere in the neighborhood of 600 deaths a year from typhoid. It was recommended that the sanitary organizations be centralized, and that the sanitary officers be given more authority. At present there is a sanitary officer who looks after the health of Johannesburg, but he has no authority over underground sanitation.

General Gorgas also advised that to keep the men in health they must be allowed to bring in their wives to take care of their huts, cook their food, etc. One very important recommendation was that of a hospital with centralized administration. In each mine hospital now the doctor has to do all the work, medical, surgical and laboratory, and so has to be pretty versatile. Our experience has shown the disadvantages of that system.

After we had been in Johannesburg several weeks labor troubles broke out, and we went up to Rhodesia to investigate malaria and black-water there. Rhodesia is being developed as Virginia was—by a chartered company. We went up from Johannesburg to Mafeking, along the Kalahari Desert; from there to Bulawayo and Salisbury. Leaving Salisbury, we went up the Mazoe Valley. This very fertile valley has been taken up by settlers, and we found evidences of malaria there. I found one of the chief malaria carriers of central Africa breeding in river pools. Our equipment consisted of a private car for quarters and a motor car. We went from town to village along the river, and at times left the railroad, even using mules and a Cape cart, which conveyance I used when I went out looking for anophelines.

This country is being developed for agriculture. In fact, a great deal of Africa is being so developed, even partly, at the expense of the mines. The Government receives revenues from the mines, and agriculture is being fostered by the mining industry. The timber country is above Salisbury, some of it that is used in the mines coming from near Salisbury. There are about 200,000 acres now being developed agriculturally. Efforts are being made to encourage settlers. Ranching is to be taken up on a large scale. It is a very interesting country in every way, and

there is no doubt that it will be the great meat and grain producing country of the world after the western countries are all filled up.

Returning from Salisbury to Bulawayo, we visited Matappos Hills, where Cecil Rhodes is buried. In Bulawayo we visited the hospital and met the superintendent, who is locally noted on account of an operation he performed on a lion. The lion had a crushed paw, and the superintendent volunteered to treat it surgically. When the lion was coming out of the anesthesia he gave such a terrific roar that instruments were dropped and the patient was left to come to by himself.

Leaving Bulawayo and returning to Mafeking, we met on the train Sir Starr Jameson, who led the "Jameson Raid" just before the Boer war. At the time of the raid Sir Starr was on his way to Johannesburg with a small force, but the men at Johannesburg were so busy making up their minds what to do that they allowed him to be taken prisoner by Cronje. By a curious coincidence, Miss Conje was on the train that brought us into Mafeking.

In London we learned that Sir Patrick Manson had gone to South Africa a week before us. In Cape Town they told us he had gone to Salisbury, and when we reached there we found he had left for Bulawayo. While General Gorgas was lecturing in Maoze and Salisbury, Sir Patrick was holding forth in Bulawayo.

Dr. Noble and I went into Portuguese East Africa to see the recruiting of laborers. The climate at Johannesburg was very fine, the altitude being 6000 feet and the temperature somewhat like that of Los Angeles. The contrast between it and Delagoa Bay was considerable, for the latter is one of the hottest places on the map. We did not stay there any longer than we could help, going down there simply to look at the method of recruiting.

When in London we were told that in South Africa we would be obliged to drink champagne before breakfast and thus ruin our digestions. We managed to dodge the champagne until we reached Portuguese East Africa, where we had to drink some as early as 8 o'clock one morning. Giraffe sausage and rhinoceros steaks were also on the menu.

After leaving Portuguese East Africa we visited the Premier mine in the diamond mining country. This is where the famous Cullinan diamond was obtained. The mine lies about 60

miles northeast of Johannesburg, and it is one great hole in the ground, for the rock is mined as in a quarry. At Kimberley they now sink a shaft into the rock and mine as in a gold mine.

We were chiefly interested in the compounds and methods of feeding. At the Premier mine a very excellent system is in use. There is a local commissary, and the Kaffir miners are supplied with artificial money that they can use at this commissary, such as brass checks with which to buy fruit, etc. We were interested in knowing just what they bought, and found it to be mostly fruit and vegetables; in another department they could secure cocoa already prepared, which they drink almost entirely. The native may also buy various other raw supplies and do his own cooking. The death rate in this mine is lower than in most others. One interesting feature was the sterilization of drinking mugs after use. The dishes are collected by a special service and are sterilized, so that when the Kaffir goes up for food or drink he can get his sterilized dish.

The terms of contract of most of these men are short, often being for four months, during which time they are absolutely confined. A number of diamonds are stolen by the Kaffirs, and it is a criminal offense to buy one from a Kaffir.

At Kimberley and at the Premier mines the compounds are close to and connected with the mines, so the men, when once they come into the mines, simply vibrate between the compounds and the underground mines; they have no liberty to go out at all. The compounds are very large, so they are not cramped for space. The geology of the place is very interesting, especially so at Kimberley. These mines are of two kinds, "river mining" and "deep mining." All the deep mines are located on the site of kopjes. They are of volcanic origin, sometimes in fissures, sometimes in craters. At Kimberley the surface material is a dolorite rock, with a shale beneath that, and beneath the shale a peculiar blue rock like our Culebra blue rock, where the diamonds are found. As to the origin of the diamonds, one theory is that they are formed under pressure, and another that the diamonds were formed and cast up during volcanic eruption.

We left Cape Town on February 28 and had a very pleasant voyage to Southampton; from

there to London and Oxford, where General Gorgas received the honorary degree of D.Sc., thence home.

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## ABSTRACT

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### EYE, EAR, NOSE AND THROAT.\*

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Total Rhinoplasty—A Case Report. By Richard H. Johnston, Baltimore, Md. *American Journal of Surgery*, April, 1915, pp. 149-151.

The patient, a man, 25 years old, had his face cut to pieces by a circular saw. His left cheek hung in shreds, his chin was cut completely off to the mental process, his upper lip was cut upward so that after healing it formed a hare-lip, and his nose was shaved off even with the face on the left, while on the right a small stump remained.

I removed a piece of cartilage from the eighth rib and shaved it down to 3 mm. in thickness. After notching the cartilage three-quarters of an inch from one end, I planted it under the periosteum in the center of the forehead, where it remained two months until it was firmly attached to that membrane. To form a foundation for the upper part of the nose I dissected as much skin as possible from the remains of the nose and turned the flaps over, with the skin surface down, and stitched them in the middle line with raw surface up. The flap from the forehead was brought down and stitched to the sides where the flaps had been dissected up. The cartilage was sewed above and bent at the notch below, so that it could be anchored in the upper lip. The nose flap was split in the middle up to the insertion of the cartilage, and the sides turned up on each side and held in place by rubber tubes to form the nostrils. Raw surfaces were thus in apposition in every part of the nose. Healing was uneventful.

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\**Southern Medical Journal*, September, 1915.

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Dr. Raymond L. Johnson, class of 1914, of the resident staff of the University Hospital, who recently tendered his resignation, has accepted a position with the Atlantic Coast Line Hospital, Waycross, Ga.



# THE HOSPITAL BULLETIN

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Editor . . . . . NATHAN WINSLOW, M.D.

BALTIMORE, MAY 15, 1916.

## EXIT THE HOSPITAL BULLETIN.

As was forecast in our last number, it has been found advisable to change the name and style of this publication and with this issue the HOSPITAL BULLETIN will cease to exist. It is with great regret that those of us who founded the Bulletin, and who have been its ardent supporters for 11 years, see its career brought to a close. We believe it has done a constructive work and has been of immense service to the medical school and to the alumni. This change seems to be desirable for several reasons, but especially on account of the various mergers that have occurred, which have brought new groups into close relation with the university, whose interest and influence we desire to conserve. We shall, therefore, continue to publish a bulletin which will be called "The Bulletin of the University of Maryland School of Medicine and College of Physicians and Surgeons."

It will be under the editorial management of Dr. Nathan Winslow, with the collaboration of three assistant editors, and the supervision of a committee of the faculty.

It will appear on the 15th of each month, with the exception of August and September, but the July number will be the catalogue and announcement of the medical school.

The subscription list of the HOSPITAL BULLETIN will be transferred to the new Bulletin and the subscribers will continue to receive the journal regularly. We hope this new venture will receive the cordial support of the Alumni of the

University, as well as that of the graduates of the Baltimore Medical College, and the College of Physicians and Surgeons.

## DR. HENRY CHANDLEE.

The death of Dr. Henry Chandlee came as a great shock. His illness was of short duration and but few persons knew of his indisposition. He graduated at the University of Maryland in 1882, and at the Hahnemann Medical College of Philadelphia in 1883. He had practically retired from practice and devoted his attention to X-ray work. In this line he was both an artist and an expert. He was probably the first to undertake this work in the city and was certainly one of the most skilled, both in technique and in interpretation. Combining skill with courtesy and with an intense desire to please, his demise has left a gap that will be difficult to fill.

## THE DAVID STREETT MEMORIAL SCHOLARSHIP.

The David Streett Memorial Scholarship has received the following additional cash contributions since our last issue:

Dr. Wm. F. Lockwood . . . . .	\$10
Dr. Wm. S. Thayer . . . . .	10
	<hr/> \$20

## RECENT GIFTS.

Dr. and Mrs. E. H. Hand have contributed \$250 to the University Hospital to fit up the new mortuary, and Mr. Maben, of New York, has presented a \$250 Victrola which has been placed in the Sun Parlor of the hospital.

## DR. CHANDLEE'S SUCCESSOR.

Dr. Harry J. Walton has been elected associate in Roentgenology and placed in charge of the X-ray work of the hospital, vice Dr. Henry Chandlee, deceased. Dr. Walton had served several years as assistant to Dr. Chandlee and we believe his election will meet with general approbation.

## ITEMS

Dr. Charles Hardwicke, class of 1904, physician-in-chief of the Hospital Militaire, D'Arc-en-Barrois, Haute-Marne, France, writes us as follows:

"Arc-en-Barrois, Le April 8, 1916.

"Dear Mr. Editor:

"For the past year I have been in command of a French Red Cross unit attached to the III Armee of the Argonne, midway between the Argonne and Verdun front, and I thought that perhaps a few notes on the work done might be of interest to your readers.

"We are established as a temporary hospital in an old French chateau, the grand salons, dining halls, billiard room, etc., have been transposed into very suitable wards. The bed chamber of the late owner is converted into quite a passable operating room, the bath room attached being large enough to accommodate one portable X-ray outfit. This is a most convenient arrangement as many cases have to be X-rayed during the course of operation, when difficulty is experienced in locating the elusive foreign body, i. e., bits of shell, shrapnel, ball, etc. We have 180 beds which have been kept occupied most of the time, but continuously during the Verdun battle.

"The nature of the wounds treated are mostly lacerations with fracture, or lacerations only. The number of bullet wounds is very small, the majority of wounds being caused by high explosive shell and shrapnel, although a large number of bomb and hand grenade wounds are seen. Almost all wounds are infected, indeed a clean wound is very rarely met with, except in the small number of bullet wounds which on account of the high velocity of their projectiles and its shape, causing the least amount of tissue destruction, is usually a clean wound and heals rapidly. The picture one carries away from many of our war hospitals is a large number of suppurating wounds being treated by antiseptics, continuous irrigations, antiseptic baths, or hot fomentations. After a year of fighting infected wounds, one recalls the aseptic methods of the Winslow clinic at Old Maryland and wonders how it was possible.

"At the beginning of hostilities, many cases of tetanus were reported from different sections, but the universal method of injecting serums at the first dressing station has reduced the number considerably, and now one rarely meets this dreaded

complication. Gas gangrene, however, crops up from time to time. The rapidity of its progress and its dangers of contagion make it a formidable foe. It complicates usually shell wounds and dangerous fractures, pain, excessive, acute and constringent characterizes its onset. Within a few hours the swelling appears, which, on examination, is found crepitant, not only perceptible to the touch, but often can be heard. Only a few hours are necessary for the invasion of an entire limb. Treatment—free incisions and washing with hydrogen peroxide. Intercellular injections are also used. Unfortunately most cases end in amputation. The mortality is very high. Amputations, on account of the danger of the infection of the stump, are usually done by the open circular method, no flaps or suturing, and the stump left open to heal by granulation. Joint injuries have been extremely troublesome because of the same danger of infection, a piece of shell carrying with it bits of clothing into a badly-smashed knee-joint, especially when encountered several days after the date of wounding presents a problem calculated to tax one's ingenuity. The usual procedure is, of course, to remove the foreign body, open up the joints, and either baths or irrigation drainage. Different methods of opening a joint are practised, but the principle is the same. The drainage must be good, and the joint thoroughly irrigated. Wounds of the head are usually transported to special centers. Their number, however, has been considerably reduced since the introduction of the steel helmet, so familiar to all from the pictures of French troops.

"The thing that has impressed me so much in my year's work is the extraordinary amount of destruction that can take place in a healthy man without proving fatal. Some of the gastly multiple wounds that are admitted—one case in particular in which we removed 36 foreign bodies from different parts of a man's anatomy, and he recovered with the loss of a foot only.

"I cannot close without mentioning the method of treating compound fractures in plaster. The limb is put up in plaster a few days after the wounding, windows being left opposite the wounds for dressings. The results are very good. One gets complete immobilization and the patient is transported to the base hospital enjoying a degree of comfort seldom acquired with splints.

"In closing, I want to say I am filled with ad-

miration for the French soldier, the patience and philosophy with which he confronts great pain, and often the prospect of permanent disablement, is beyond all praise.

"Most cordially yours,

"CHARLES HARDWICKE,

"Class of 1904."

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Mr. J. R. Knowles, Ex-1916, has been appointed resident surgeon at the Fort Dearborn Hospital, Chicago, Ill.

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Dr. Frank V. Fowlkes, class of 1887, of Burkeville, Va., was a recent visitor to the University. He is connected with the Mellin Food Co. of Boston, Mass.

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Dr. Thomas A. Ashby has returned to his home from Chaplin Manor, Blue Ridge Summit, Pa., where he went to recuperate. He was very unfortunate in striking a rainy, cold spell of weather and decided he was more comfortable at his home than in the mountains at this season of the year.

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Dr. E. F. Arble, B. M. C., class of 1898, spent some time in the city last month attending clinics, especially children's clinics. He came in to see us at the hospital.

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Another recent visitor to the hospital was Dr. E. B. Breeding, class of 1913, of Rocky Mount, N. C.

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Dr. Max Kahn, P. & S., class of 1905, desires to announce the opening of a completely equipped laboratory for X-Ray diagnosis and X-Ray therapy at 904 North Charles street on May 1. Consultation hours, 9 to 12 A. M., daily, except Sunday, and by appointment. Telephone, Mt. Vernon 394.

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Dr. Edward N. Brush, professor of psychiatry, University of Maryland Medical School and College of Physicians and Surgeons, and physician-in-chief and superintendent of the Sheppard and Enoch Pratt Hospital of Towson, Md., was recently operated on for appendicitis. He is making a good convalescence. Dr. and Mrs. Brush

had just returned from the South, where Dr. Brush had taken an active part in two medical meetings—the seventy-second annual meeting of the American Medico-Psychological Association at New Orleans, La., and a meeting of various State mental hygiene societies also in New Orleans. Dr. Brush is popular both a physician and in the social life of the city. He has our best wishes for a speedy recovery.

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The regular April meeting of the Montgomery County Medical Society was held at Chestnut Lodge, Rockville, Tuesday, April 18. A business meeting was held in the morning, followed by a luncheon at 1 o'clock. The following officers were elected for the ensuing year: President, Dr. Jacob W. Bird, class of 1907, of Sandy Spring, Md.; vice-president, Dr. Eugene Jones, B. M. C., class of 1896, of Kensington, Md. The old secretary was re-elected.

Dr. John L. Lewis, class of 1888, was elected one of a committee of two to represent the medical society in the Community Conference.

There were about thirty doctors present.

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On April 29 the University Hospital received a donation of \$250.00 from Mrs. Jane E. R. Hand, to be used in building metal seats in the autopsy-room. They will accommodate about seventy-five students. This will enable the students to view the autopsies at a closer range and the same time be more comfortable, as they will not be forced to stand, as has been the custom in the past.

Mrs. Hand also sent a check for \$52.25 to cover the cost of potted plants, ice-cream and cake given to all ward patients on Easter Sunday. This is an annual custom and is very much looked forward to and enjoyed by the patients.

Mrs. Hand's thoughtfulness and generosity are very much appreciated by the authorities of the Hospital. Both she and her husband, Dr. Earle H. Hand, who was a recent patient, are good friends of the hospital, and never miss a chance to do something nice for it. Many, many thanks.

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Mrs. John S. B. Woolford, formerly Miss Eliza Leiper Winslow, daughter of Doctor and Mrs. Randolph Winslow, has arrived from Chat-



tanooga, Tenn., to be the guest for several weeks of her parents at their residence on Mount Royal Terrace. The wedding of Miss Winslow to Dr. Woolford took place last autumn.

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On the evening of February 26 Dr. John C. Hemmeter celebrated his fifty-third birthday with a dinner given at his residence, 739 University Parkway, to his immediate relatives and a few members of the faculty of the University of Maryland. The principal guest was Prof. Fenton B. Turek, of New York. A musical program was given. Dr. Hemmeter was the recipient of many presents and congratulatory telegrams.

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Dr. William E. Clayton, College of Physicians and Surgeons, class of 1906, of Overlea, Md., was appointed health officer of the Fourteenth district by the County Commissioners, May 3.

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It is reported that Dr. Joseph S. Baldwin, class of 1874, of Freeland, Md., a prominent physician of the Sixth district, Baltimore county, is critically ill at the Johns Hopkins Hospital.

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Assistant Surgeon-General Henry R. Carter, U. S. Public Health Service, class of 1879, is a collaborator to The Military Surgeon.

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Dr. H. P. Gibson, class of 1908, of Leesburg, Va., was another recent visitor to the hospital.

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Dr. John Szlupas, class of 1891, of Scranton, Pa., has written a book entitled "Lithuania in Retrospect and Prospect." We can subscribe to many of his sentiments. Surely he is not far from right when he says, "There is something wrong with most of the world, because might makes right. In the past great and greedy nations were created, and, by the use of cunning in addition to their strength, these nations were able, with but a small expenditure of effort, to dominate or subjugate smaller nationalities." The entire burden of his effort is a protest against the wrongs which have been inflicted upon Lithu-

ania. The people of these United States of America can take a lesson from the fate of Lithuania. At present there is a propaganda for and against preparedness. Lithuania was unprepared and was swallowed up. The United States, though commercially rich, is equally as poorly prepared to meet the dangers of a foreign invasion, and now that a treaty has been proven not to be worth the paper upon which it is written, to wit: the invasion of Belgium by the Germans, and the occupation of Saloniki by the Allies, it is indeed time for reflection by the thoughtful people of the United States. Either there should be an army and a navy equal to that of the world powers, or there should be none. What's the use of the waste of money on organizations which are but poorly equipped to meet a strong foe? Better far spend the money otherwise, and, like China, invite attack. Certainly one cannot read the plaint of Dr. Szlupas without feeling the utmost compassion for the woes of that sorely afflicted people, the Lithuanians. But theirs is the lesson of unpreparedness. Let us take heed.

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Dr. Porter P. Vinson, class of 1914, who is connected with the Montreal General Hospital, Montreal, Canada, has written Prof. Randolph Winslow as follows.

"Montreal, April 5, 1916.

"MY DEAR DR. WINSLOW:—

"I guess you will be very much surprised to hear from this part of the world but I can assure you that it is not fear of Villa that brings me here.

"After spending eighteen months at Saranac I came up here the first of January and have been doing pathology since that time. It is quite a wonderful service and we have had 116 post mortems since I came. There have been less than 125 deaths in that time so you see practically all come to autopsy. Mother wrote me not long since and asked if any got well at all.

"I miss the old University very much and the more I look around the more I appreciate the very excellent training that was given us there. I have met men from everywhere and up here I see students all the time, as this is essentially a teaching hospital and none of them have gotten quite the course we had.

"With very best wishes for you and others

whom I may know there, especially Dr. Nathan Winslow.

"Very truly,

"PORTER P. VINSON,

"Class of 1914."

The regular monthly meeting of the Medical Society of the University of Maryland Medical School and the College of Physicians and Surgeons was held at the Maryland General Hospital, Madison street and Linden avenue, Tuesday, April 18, 1916, at 8.30 P. M.

The following program was given:

"Interesting Cases from the Wards of the Maryland General Hospital," Dr. Charles O'Donovan.

"Multiple Myeloma Report of a Case" and "Clinical Features," Dr. H. G. Beck.

"Pathological Features," Dr. Standish McCleary.

"Stereopticon Talk on the Sanitary Aspects of Plague," Dr. C. W. Vogel, Surgeon United States Public Health Service.

Many physicians and medical students attended the meeting.

We note in the April, 1916, issue of *Surgery, Gynecology and Obstetrics—International Abstract of Surgery*—that the following mention has been made of Prof. John R. Winslow's article, Obstruction of the Posterior Nasal Orifices (Choanoe), published in the *Maryland Medical Journal*, Vol. LVIII, p. 295:

Two types are found, the congenital and the acquired, the former resulting from developmental anomalies occurring *in utero*, and is characterized by the formation of a partition of bone, of membrane, or of both structures combined, the latter resulting from inflammation or disease.

Symptoms of congenital occlusion are discussed under two groups: those manifested in the newborn child and those first observed at later periods of life. In the newborn there is a constantly recurring cycle, consisting in embarrassed breathing with cyanosis and threatened asphyxia, relieved by crying, succeeded by a brief period of quietude. In older children there are noted only the customary symptoms of mouth-breathing and nasal obstruction.

In infants the diagnosis is suggested if attack is relieved by holding the infant's mouth open and

pulling its tongue forward. Examination with a probe through nasal passages establishes the nature of the obstruction.

In older children the diagnosis is based upon a history of nasal obstruction and difficulty in nursing in childhood; the characteristic albuminoid secretion; probing; douching; digital exploration, and anterior and posterior rhinoscopy.

While treatment is surgical, in infants the adoption of the expectant plan is advised. The child is watched every moment and the threatening asphyxia overcome by depressing the lower jaw and pulling the tongue forward until the habit of mouth-breathing is established, which is usually in 10 days.

The period of election for operation is about the tenth year, or when manipulations can be successfully carried out. For membranous obstructions the knife, biting forceps and cautery are used. For bony plates a chisel and bone forceps are used by some, the trephine by others. Light tamponade is used until healing occurs.

On the evening of May 8th, a testimonial bespeaking his activity and efficiency in medicine and as a teacher of medicine was presented to Dr. Randolph Winslow, professor of surgery in the University of Maryland, who celebrated his twenty-fifth anniversary as a member of the major faculty of that institution, at a complimentary dinner at the Belvedere Hotel.

The toastmaster was Dr. William Tarun. The speakers were Attorney-General Albert C. Ritchie, whose subject was "The Doctor and the State"; Dr. William H. Welch, who talked on "The Personal Influence of the Physician"; the Rev. Dr. Thomas H. Lewis, president of Western Maryland College, whose address, "Our Gracious Despot—the Doctor," was punctuated with many laughs, and Dr. Warfield.

Surgeon-General Rupert Blue, of the United States Public Health Service, was detained at Wilmington and was unable to be present.

In presenting the testimonial, Dr. Warfield said:

"To Dr. Randolph Winslow, professor of surgery at the University of Maryland, throughout a prolonged career of conspicuous activity, devotedly attached to his alma mater as surgeon, teacher and administrator for a quarter of a cen-

tury, a member of the major faculty and now its present president, the subscribers among his many friends and associates, in recognition of this service and its quality, beg to present this testimonial of appreciation with the hope that he may enjoy for the future many years of fortunate, useful life."

Appended to the testimonial was a list of the subscribers to the dinner. Following this was a brief biographical sketch of Dr. Winslow's life.

In reply, Dr. Winslow said in part:

"This is a great epoch in my life. It is the culmination of a quarter of a century of active work as a regent and professor in the University of Maryland, and it is a reminder that my work is nearly at an end. While, therefore, I accept this testimonial as in some measure a token of personal regard, I imagine it to be also an evidence of appreciation of the efforts I have made during the past 25 years in the upbuilding of the University of Maryland."

Dr. Winslow was born in Hertford, N. C., on October 23, 1852. His father, Dr. Caleb Winslow, was a physician of wide reputation.

In 1865 Dr. Winslow entered Rugby Academy and later went to Haverford College, being graduated from there in 1871. Two years later he received his medical degree from the University of Maryland and the following year the degree of Master of Arts from Haverford College.

In 1891 he became a member of the faculty of the University of Maryland. He was the founder of and one of the instructors in the Woman's Medical College. In 1883 he visited Europe and studied advanced methods of antiseptic surgery. He married Miss Rebecca Fayssoux Leiper, of Philadelphia, in 1877.

There were about 150 medical men present.

At the second joint meeting of the Baltimore City Medical Society and the Medical Society of the District of Columbia which was held in Washington, Wednesday, May 3 at 8.30 P. M., Dr. Samuel T. Earle, class of 1870, read a very interesting paper on "The Importance of Rectal Examinations."

Another recent visitor to the University Hospital was Dr. Zachariah C. Myers, class of 1881, of 278 W. Market street, York, Pa.

## ENGAGEMENTS

Doctor and Mrs. Thomas A. Ashby have announced the engagement of their daughter, Miss Sue Seymour Ashby, to Mr. Alphonso Pitts Robinson, of Belair, Md. No date has been set for the wedding.

The engagement is announced of Dr. David Corbin Streett, of the Johns Hopkins Hospital, son of the late Dr. David Streett, to Miss Ferebe G. Wescott, of Washington, D. C., formerly of Baltimore. The wedding will take place in June.

## MARRIAGES

Dr. Austin H. Wood, class of 1914, of Baltimore, Md., to Miss Zelda Treece, of Shy Beaver, Pa., at Shy Beaver, March 16, 1916. Dr. and Mrs. Wood will reside in Baltimore.

Dr. Joseph L. Valentini, class of 1907, to Miss Phyllis N. Kidwell, both of Baltimore, Md., at Baltimore, April 26, 1916. Following a wedding breakfast at the home of the bride, 2817 Guilford avenue, Dr. and Mrs. Valentini left for Havana, Cuba, where they will spend their honeymoon. Dr. Valentini is the son of Dr. J. J. Valentini, chief surgeon of the Fire Department. He assists his father in the work of that department. Only the immediate members of the two families were present at the ceremony and the breakfast.

## DEATHS

Dr. Edward Wachtell Palmer, Baltimore Medical College, class of 1902, of Greencastle, Pa.; a member of the Chambersburg Hospital staff and the Franklin County Medical Association, and president of the Greencastle School Board; died in the Chambersburg Hospital April 17, 1916, following an operation for appendicitis, aged 46 years.

Dr. Henry Chandlee, class of 1882, associate in roentgenology, of 742 West North avenue, one of the leading X-ray experts in the city, died at the University Hospital April 19, 1916, from the effects of a carbuncle, after an illness of two weeks, aged 62 years.

Born in Baltimore, Dr. Chandlee was a son of



the late Dr. Edwin Chandlee, was a graduate of the University of Maryland and of Hahnemann College, in Philadelphia. In the Boer War he volunteered his services and started for Africa by way of Holland, but peace was declared while he was yet in Europe. Before returning to America he studied in London and Berlin. He was a member of the Medical and Chirurgical Faculty of Maryland and secretary of the Roentgenological Society of Baltimore. He was associated for some time with Dr. N. Tunstall Taylor in X-ray work connected with the Kernan Hospital for Crippled Children.

Surviving are his widow, Mrs. Frances C. Chandlee; a daughter, Mrs. H. B. Forman; a sister, Mrs. Eliza C. Platto, of Haverford, Pa., and a brother, Ellis Chandlee.

Dr. Robert S. Hart, Washington University School of Medicine, Baltimore, class of 1869 (merged with College of Physicians and Surgeons), of Pisgah, Ky.; a member of the Kentucky State Medical Association; a Confederate veteran; for more than 40 years a practitioner of Fayette and Woodford counties; died at his home, March 21, 1916, from heart disease, aged 72 years.

Dr. James H. Gibson, Baltimore Medical College, class of 1893, of Dunbar, Wis.; for 15 years a practitioner of Green Bay, died at his home in that city, April 5, 1916, from dropsy, aged 65 years.

Dr. Francis Besant Bishop, class of 1883, of 1913 I street, N. W., Washington, D. C., died at his home, April 30, 1916, after a short illness, aged 63 years.

He was born at Wilmington, N. C., August 13, 1853. After graduating in medicine from the University of Maryland, he went to Washington where he practiced for 30 years, and was regarded as one of the pioneers in the application of electricity to the practice of medicine.

Dr. Bishop wrote many brochures and articles on the subject of electricity for therapeutic purposes, which attracted attention not only in the United States, but in Europe as well.

Dr. Bishop was president of the American Electro-Therapeutic Association in 1898-99, and

was the delegate from the United States to the International Association, which met at Liege, Belgium, in 1901.

His wife, Mrs. Ella T. Bishop, and six children—Mrs. J. W. Daniels, Jr., Mrs. T. G. Gerdine, Miss Grace Bishop, John Knowles Bishop, Rev. W. Howard Bishop and Dr. Harry A. Bishop—survive him.

Dr. Robert H. Hoge, College of Physicians and Surgeons, class of 1873, of Hoge's Store, Va.; for many years chairman of the Board of Health of Giles County, Va.; died at his home, March 7, 1916, aged 64 years.

Dr. Thomas Hugh O'Connor, College of Physicians and Surgeons, class of 1893, of Roxbury, Boston, a Fellow of the American Medical Association; for 10 years police surgeon at Roxbury Crossing, Boston, and since 1911 a school physician and medical inspector in the Division of Communicable Diseases of the Department of Health; for several years a member of the staff of the Children's Hospital; fell on the ice near his home, March 19, sustaining a fracture of the skull, and died from cerebral hemorrhage March 30, 1916, aged 49 years.

Dr. Edward Wachtell Palmer, Baltimore Medical College, class of 1902, of Greencastle, Pa., a member of the Chambersburg Hospital staff and Franklin County Medical Association, and president of the Greencastle School Board, died in the Chambersburg Hospital, April 17, 1916, following an operation for appendicitis, aged 46 years.

## BOOK REVIEWS

PAINLESS CHILDBIRTH. By Dr. Carl Henry Davis.

A book of unusual importance has just appeared, written by Dr. Carl Henry Davis of Rush Medical College and The Presbyterian Hospital of Chicago, entitled "Painless Childbirth, Eutocia and Nitrous Oxid-Oxygen Analgesia" (Forbes & Co., Chicago). This book is important for two reasons: it is the first book by an obstetrician to thoroughly discuss the various methods employed in the attempt to secure pain-

less childbirth; and, secondly, it is the first report of the results of varied experience with the nitrous oxid-oxygen analgesia, which will undoubtedly become the analgesic of choice in obstetrics.

The first part of the book traces the development of the attempts to relieve the suffering of labor. The chemistry, pharmacology and toxicology of the various analgesics are compared and their advantages and disadvantages considered with unbiased fairness.

In the second part of this volume eutocia is given as the goal for which the physician is striving. The author believes that in the cry for painless childbirth that the desire of mothers is for eutocia—not amnesia. Granting that painless obstetrics is desirable the author pleads for safer and better obstetrics. He claims that with all the modern progress in preventive medicine that there has not been a corresponding increase in the safety of maternity. By quoting liberally from various obstetrical authorities and the mortality records of several countries, Dr. Davis shows that maternity is more dangerous today than before the discovery of anesthetics and antiseptics. Doctor, do you know that in the United States there is twice as much danger of the mother dying from puerperal sepsis as there is of the average woman dying from tuberculosis?

Some months ago articles on "Twilight Sleep" written by laymen began to appear in various magazines. Too often their writers left the impression that by the use of some well-known drugs that all the fears and dangers of maternity are easily eliminated. And yet the method described by them (the Freiburg) had been in use for over 12 years and because of serious limitations had become greatly restricted and largely discarded by the medical profession of America. Nevertheless, following the publication of these semi-sensational articles, the rejected method was quickly revived by some physicians who had not experimented with its use, and shortly reports appeared in which the method was praised by them, but, as might be expected, the later reports by the same physicians failed to show the same enthusiasm.

Recognizing the need for relieving pain in many cases of childbirth, Dr. Davis offers in the highly important third section of his book a method which should receive the consideration

of every physician, whether he practices obstetrics or not. This is the nitrous oxid-oxygen analgesia. This method has passed the experimental stage, for it was used successfully in Europe in the early 80's, and the results there have more recently been duplicated in the Presbyterian and other American hospitals. The statistics recorded are extremely interesting. The author gives in detail the technic for administering nitrous oxid-oxygen analgesia in operative as well as in normal labor.

While the advocates of "Twilight Sleep" agree that it should be used only in an especially equipped hospital and by a specialist, Dr. Davis believes that the nitrous oxid-oxygen analgesia may be used safely and efficiently by every physician who is trained in the science of obstetrics. He believes that nitrous oxid-oxygen analgesia is a logical method of relieving the suffering during childbirth and a great aid in securing eutocia.

Price, \$1. Forbes & Co., Chicago.

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THE PRACTITIONER'S DICTIONARY. Containing All the Words and Phrases Generally Used in Medicine and the Allied Sciences, with Their Proper Pronunciation, Derivation and Definition. By George M. Gould, A.M., M.D., Author of "An Illustrated Dictionary of Medicine, Biology and Allied Sciences," "The Student's Medical Dictionary," "Pocket Medical Dictionary," etc. Third edition, revised and enlarged. By, R. J. E. Scott, M.A., B.C.L., M.D., Fellow of the New York Academy of Medicine; Editor of Hughes' "Practice of Medicine," "Gould and Pyle's Cyclopedia of Medicine and Surgery," etc. Based on Recent Medical Literature. With Many Tables. Philadelphia: P. Blakiston's Son & Co. Cloth, \$2.75 net. 1916.

Herein is encompassed a thoroughly modern and reliable dictionary for medical students and practitioners. Since the appearance of the last edition of this book many new words and phrases have been added to medical terminology. In order to keep apace with these and to give its patrons and users the benefit of a guide to the proper interpretation, pronunciation and derivation of any of these terms or phrases which may be depended upon as absolutely trustworthy, the editor and publishers have spared neither time,

expense or labor. Seventy thousand words have been treated upon the above scheme. Purchasers will find the present edition a worthy successor to its predecessors. It gives us great pleasure to commend it to the consideration of our readers contemplating the purchase of a medical dictionary. They will find it all and more than the editor claims.

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INTERNATIONAL CLINICS. Edited by Henry W. L. Cattell, A.M., M.D., Philadelphia. Volume IV. Twenty-fifth Series. 1915. Philadelphia and London: J. B. Lippincott Company. Cloth, \$2.00 net.

This volume of the "International Clinics" contains so many articles of merit that it is hard to pick out any single one and say that it is more meritorious than its brother. Here are some of them which especially appeal to us. You can take your choice: "Oral Infection as a Result of Neglect During Childhood," "The Coming of Age of Internal Medicine in America," "Treatment of Internal Tuberculosis by Means of Absorbed Light-Energy," "The Problem of the Irregular Pulse," etc. Osler, in his article on "The Coming of Age of Internal Medicine" expresses our view when he says, "The burning question to be settled by this generation relates to the whole-time clinical teacher. It has been forced on the profession, who know nothing of clinical medicine, and there has been a 'mess of pottage' side to the business in the shape of big Rockefeller checks, at which my gorge rises. To have a group of cloistered clinicians away completely from the broad current of professional life would be bad for teacher and worse for student. The primary work of a professor of medicine in a medical school is in the wards, teaching his pupils how to deal with patients and their diseases. His business is to turn out men who know how to handle the sick. His business is to get into close touch with the profession and the public, and with both to play the missionary; and this he can only do if engaged part of his time in consulting practice. There always have been of choice whole-time clinicians. So devoted was Desault to his work that he slept at the hospital. More often they have men of the Samuel Gee type, splendid in wards or laboratories, but ill-fitted by temperament to control

large classes, or for the hurly-burly of the professional life. By all means let us have them in the special hospitals attached to institutes of research, but spare the medical schools an experiment, which may be successful now and then, but which cannot but lower in type and tone the work of the clinical professoriate. Nobody is better able to speak authoritatively concerning a subject fraught with such danger to medical education. Doctor Osler is undoubtedly correct in his deductions. Everybody concerned with the institution of full time in those branches distinctly clinical in nature should heed this warning note. It is such articles as this with which "International Clinics" abounds. You will not go wrong in becoming a regular subscriber.

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SIMPLIFIED INFANT FEEDING. With Seventy-five Illustrative Cases. By Roger H. Dennett, B.S., M.D., Adjunct Professor of Diseases of Children, New York Post-Graduate Medical School; Attending Physician of the Children's Department, New York Post-Graduate Hospital; Assistant Attending Physician at the Willard Parker Hospital and the Red Cross Hospital, New York. With 14 illustrations. Philadelphia and London: J. B. Lippincott Company. Cloth, \$3. 1915.

Baby feeding is the *bête noir* of many young physicians. In fact, the arrangement of the dietary of the babe will oftentimes cause established physicians many anxious moments and much thought. To a large extent Dennett's book on Infant Feeding will relieve the burden. In concrete form it tells just how to meet every emergency in feeding. Instead of crowding the book full of theories, the author emphasizes the practical side of feeding, and usable rules and formulae inserted in Dr. Dennett's book has reduced infant feeding to the simplest system possible, and everywhere throughout the book explicitly describes how and why he uses such and such combinations. History taking, physical examination, direction for making babies' food, the essential requirements for infants' food, digestibility of food, treatment of diarrhea, treatment of constipation, vomiting, breast feeding, etc., are one and all thoroughly and intelligently discussed. It is the plainest and most sensible dissertation



on infant feeding that it has been our pleasure to see. It should be on the desk of every physician treating babies.

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TREATISE ON FRACTURES. By John B. Roberts A.M., M.D., F.A.C.S., Professor of Surgery in the Philadelphia Polyclinic and College for Graduates in Medicine; Sometime Chairman of Fracture Committee of the American Surgical Association; Membre De La Societe Internationale De Chirurgie, and James A. Kelly, A.M., M.D., Attending Surgeon to St. Joseph's, St. Mary's and St. Timothy's Hospitals; Associate in Surgery in the Philadelphia Polyclinic and College for Graduates in Medicine. With 909 illustrations: radiograms, drawings and photographs. Philadelphia and London: J. B. Lippincott Company. 1916. Cloth, \$6.00 net.

Every doctor is assumed by the public to know how to properly set a break. Fortunately in a large majority of fractures the doctor gets by with the result, but one with practical and a large experience thoroughly realizes that this happy result is more through the grace of the Heavenly Father than through good management. As the general practitioner is supposed to be prepared to treat fractures, he should, then, be reasonably prepared for this important feature of his life work while at college, and after graduation should keep abreast with the modern line of treatment, as it varies from time to time. For some time past there has been a wild stampede to operative treatment of fracture. This state of affairs is largely brought about through the effort of Sir Arbuthnot Lane. It was he who first strongly advocated the open treatment of most fractures, so that now, by precept and example, he has acquired a large following, and here in the United States his followers are legion. It is, therefore, rather refreshing to see a book by recognized authorities advocating less radical means. Certainly the pendulum has swung too far in the advocacy of open treatment. What patients are after is the obtainal of a good functional result, and with the least inconvenience. This book teaches what can hap-

pily be brought about in many instances by a return to first principles. In the wild scrimmage to follow my leader it claims sight has been lost of position in the production of good, useful union. This, indeed, is a fact. Take, for instance, fracture at the surgical neck of the humerus. Operative measures have failed to retain the fragments in position, and the operator, resorting to Albee's position, has been rewarded by success. If the book teaches nothing else than not so much haste to resort to the knife, it has performed a useful service. Surely the authors are right in their statement. From experience it can be stated that the cases of fracture requiring operation are comparatively few. There are certain closed fractures which always call for operative interference, and there are some cases which are followed by better anatomical and functional results by operative fracture treatment. Open operation has long been used to cure non-union, vicious union in old fractures and in those recent cases in which failure of the usual methods of reduction has occurred or the use of approved appliances to retain the fragments of bone in apposition has resulted in failure. The cases most urgently requiring operation are those in which the deformity cannot be reduced, or, if this is possible, in which proper approximation cannot be maintained. In many cases in which there is marked comminution of the fragments and in oblique and spiral fractures of the long bones, where reduction is impossible, operative intervention is justified. Many of the deformities, pseudo-arthroses, loss of function, and disability for work following fractures will thus be avoided. The unsightly deformities which so seriously mar the proper contour of the parts and predispose to refracture, excessive callus, and loss of function will be prevented.

Fractures complicated by severe injury to adjacent organs demand operation. Under this heading may be included fractures in which pressure is brought to bear on neighboring viscera, nerves and blood vessels, fractures associated with dislocations, and articular fractures. This is a fair statement of the status of the conservative surgeon's attitude toward operative or non-operative interference in fracture. The rest of the book is on a par with that which we have quoted. The fractures involving each and every bone are

thoroughly discussed and in a scientific manner. The language is plain, the diction good, and the advice regards treatment excellent. The value of the book is greatly enhanced by a multitude of well executed and selected illustrations, most of which are original. It is, in our opinion, a thoroughly reliable and trustworthy guide.

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INTERNATIONAL CLINICS. Edited by Henry W. Cattell, A.M., M.D., Philadelphia. Volume I. Twenty-fifth Series. 1915. Philadelphia and London: J. B. Lippincott Company. Cloth, \$2.00.

The reading doctor will find here, as in no other periodical, the medical question of the day thoroughly discussed. Those articles which should especially appeal are "The Value of the X-Ray Examination in the Diagnosis of Gastric Cancer"; "Autoplastic Bone Transplantation," "Epithelioma: Its Early Diagnosis and an Excellent Method of Treatment," etc. Harlow Brooks, in "The Heart in Syphilis," states: "In nearly all the older discussions the statement is made or the impression given that syphilis does not affect the heart until late in the disease. Yet one of the first and most important findings of my study has been that involvement of the heart appears very early in the infection, quite as one should expect to be the case in a septicemia such as lues is. Carrol and I have observed 24 cases in which cardiac involvement occurred during the secondary stage of syphilis. Of this series two died of cardiac failure, both verified at autopsy, and the remaining 22 entirely cleared up as to cardiac disturbances under specific medication alone. A twenty-fifth case failed to respond to treatment. Most frequently, in the 276 of the 300 cases studied, the lesions did not come under observation until late in the third stage and long after the time of primary infection. It thus appears that involvement of the heart begins among the early indications, and danger from involvement of this organ persists from this time on until actual cure or death has taken place." This is a masterly article, containing many keen observations. That syphilis is the frequent cause of cardiac disease should have been realized long ago, but it has remained for Harlow Brooks

to direct our attention to lues as a possible factor in the production of heart affections of various and diverse sorts. It is an article that should be widely read.

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THE STRAIGHT METHODS OF DIRECT LARYNGOSCOPY, BRONCHOSCOPY AND ESOPHAGOSCOPY. By Richard Hall Johnston, M.D., Baltimore, Md. Laryngologist to St. Joseph's German Hospital; Consulting Laryngologist to the South Baltimore Eye, Ear and Throat Hospital, the James L. Kernan Hospital for Crippled Children, the Children's Hospital School, the Maryland Asylum and Training School for Feeble-minded; Visiting Laryngologist to the Maryland Tuberculosis Sanitarium; Member of the Baltimore City Medical Society, the Medical and Chirurgical Faculty of Maryland, the Southern Medical Society; Fellow of the American Laryngological, Rhinological and Otological Society, the American Academy of Ophthalmology and Oto-Laryngology. 1915. The American Journal of Surgery.

The readers of THE BULLETIN are especially interested in this brochure, inasmuch as Dr. Johnston did much of the work upon which his conclusions are based in the University Hospital. In the pamphlet he thoroughly discusses the methods of direct laryngoscopy, bronchoscopy and esophagoscopy, and the indications and benefits to be derived in diagnosis and treatment by the employment of this instrument. He also minutely describes the straight methods of introducing this tube, a method which he introduced into the laryngologic practice. Direct inspection of the respiratory and gullet tracts have materially aided us in a rational diagnosis and treatment of affections involving these structures. Besides, it has materially assisted in the reduction of mortality following operations on the upper digestive and respiratory apparatus. Dr. Johnston has been active in placing these procedures on a safe, sound and rational basis. He is indeed an expert in the handling of the bronchial tube, therefore any word from him regarding the scope of its usefulness in diagnosis and treatment is worthy of the utmost consideration.



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